

Case Number:	CM14-0128663		
Date Assigned:	08/20/2014	Date of Injury:	10/26/1998
Decision Date:	10/20/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male injured on 10/26/98 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. Past surgical history included lumbar laminectomy. Diagnoses included brachial neuritis, Post-laminectomy syndrome, Residual left L4-5 radiculopathy, and Status post lumbar laminotomy/discectomy 1999, fusion 2001, hardware removal 2002, fusion 2011, exploration of fusion 2011. Clinical note dated 06/10/14, trial of fentanyl patch caused significant reflux and it made him feel sick so he stopped two days before. Injured worker reported pain was characterized as sharp, dull, throbbing, burning, aching, electricity, pins and needles sensation rated at 9/10. It was constant and increased by bending and movement and decreased by lying down and medications. Physical examination revealed ambulation with walker, standing due to pain, decreased range of motion all planes in the lumbar spine, tenderness to palpation lumbar paraspinous area and lumbar surgical scar area. Current medications include Protonix, oxycodone, OxyContin, Norco, Lyrica capsules, and Ultracin. Initial request was non-certified on 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco tablets 10/325 mg four times a day by mouth #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco tablets 10/325 mg four times a day by mouth #180 cannot be recommended as medically necessary at this time.