

Case Number:	CM14-0131711		
Date Assigned:	08/22/2014	Date of Injury:	01/15/2014
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a 46-year-old female patient who sustained an industrial injury on 01/15/2014, diagnosed with lumbago. Mechanism of injury was changing 2 light bulbs in [REDACTED] and the boards were too short and the patient fell through. Previous treatment included physical therapy, right hip injection, MRIs, and oral medications including Nabumetone 750 mg #60 and Norco 5/325 mg #60. Utilization review dated 08/11/14 indicates a request for Norco 5/325 mg #60 was non-certified as duration and number of refills was not noted. It was noted the patient refused a urine drug screen, which does not support ongoing opiate use as the patient is noncompliant with an opiate contract. Progress noted dated 06/05/14 revealed the patient presenting with complaints of hip/buttock pain and low back pain. It was noted she has completed conservative treatment with physical therapy for 5 sessions, medications, and electrical stimulation without resolution of pain or return to work. MRI was performed and revealed annular tear plus disc protrusion at L5-S1. She reports she last worked at the end of January 2014. She presented for a trochanteric bursal injection. She also reported she needs a refill on Norco. She described low back pain with radiation to the right buttock, lateral hip and posterior thigh. She reported associated paresthesias in the top of the right foot. It was noted she was provided with a prescription for Relafen at the last visit but states she "forgot to get it filled and now can't find the prescription." She has tried Flexeril and ibuprofen without relief. Pain was rated at 8/10 without medications and 7/10 with medications. With medications the patient is able to do simple chores around the house and minimal activities outside of the home 2 days per week. Without medications the patient is able to do the same. Physical examination revealed slouched posture. There is tenderness to palpation over the right lower lumbar paraspinals and buttock region. Forward flexion was to 45 degrees with end range pain, extension to 20 degrees with end range pain. Dural tension signs were positive on the right, negative on the left. There is positive tenderness over the right greater

trochanter with reproduction of hip and buttock symptoms. Motor strength was 5/5 in the bilateral upper and lower extremities in all major muscle groups. Reflexes were trace at the biceps bilaterally, 1+ patellar and Achilles bilaterally. A right greater trochanteric bursa injection was performed. The patient refused to provide a urine sample and walked out of the office. It was noted at this point the patient would need a different primary treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets 5/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The California MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided and no indication of significant functional benefit or return to work. The patient reports a pain level of 8/10 without medications and 7/10 with medications, suggesting lack of efficacy. The patient was requested to undergo a urine drug screen to monitor medication compliance and screen for aberrant behavior, yet the patient refused. The treating provider reported the patient would need to find an alternate primary treating provider. Subjective and objective benefit is not described in the records provided and refusal to undergo urine drug testing indicates violation of the narcotic agreement. Norco tablets 5/325 mg #60 is not medically necessary.