

Case Number:	CM14-0139981		
Date Assigned:	09/10/2014	Date of Injury:	06/29/2006
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Florida. 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 injured worker is a 47 year old female who reported an injury on 06/29/2006 due to lifting up a box. The injured worker has diagnoses of lumbago, lumbar radiculopathy with failed back surgery syndrome, chronic pain syndrome. Past treatment included medications, physical therapy, chiropractic therapy, TENS unit, rigid brace, epidural steroid injections. Diagnostic testing included an MRI of the low back, x-rays of the low back, and a CT scan of the low back. The injured worker underwent lumbar fusion at L4-5 on 02/22/2007. The injured worker complained of continuous low back pain on 07/07/2014. The physical examination revealed a positive straight leg raise, a positive Facet loading test. There was tenderness to palpation noted over the lumbar paraspinal muscles, as well as SI joint region. Medications included Tramadol, Norco. The treatment plan is for Norco/325mg every 12 hours as needed for pain Quantity: 60. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg every 12 hours as needed for pain Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 5/325mg every 12 hours as needed for pain Quantity: 60 is not medically necessary. The injured worker complained of continuous low back pain on 07/07/2014. The injured worker has diagnoses of lumbago, lumbar radiculopathy with failed back surgery syndrome, chronic pain syndrome. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has improved function and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation indicating urine drug screening has been performed. Therefore the request for Norco 5/325mg every 12 hours as needed for pain Quantity: 60 is not medically necessary.