

Case Number:	CM14-0145077		
Date Assigned:	09/12/2014	Date of Injury:	08/05/1996
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, 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 79-year-old male who reported an injury on 08/05/1996. The injury was due to when the injured worker fell off a roof about 9 feet high ending up on his back. The injured worker has diagnoses of chronic pain syndrome, unspecified osteomyelitis, post laminectomy syndrome of the lumbar region, disc displacement with radiculitis of the lumbar spine, hypertension, generalized osteoarthritis, knee joint replacement, lumbosacral spondylosis without myelopathy, degeneration of cervical intervertebral disc, and post laminectomy syndrome of the cervical region. Medical treatment consists of surgery, caudal ESIs, trigger point injections, cortisone injections, spinal cord stimulator, and medication therapy. Medications include Kadian, Norco, Labetalol, Sertraline, Aspirin, Lyrica, Lipitor, Lisinopril, Lansoprazole, Diazepam, Ambien, and Soma. The injured worker has undergone CT scans of the cervical spine and lumbar spine, undergone bone scans, and MRIs of the lumbar spine as well. On 09/02/2014, the injured worker complained of low back pain. The examination of the spine revealed diminished cervical lordotic curvature with no tenderness. Trigger points were absent. Muscle spasms were absent. Straight leg raise was positive bilaterally, for lower back pain. SI joints were tender on the right side. Sciatic notch tenderness was absent bilaterally. Spine extension was extremely limited due to pain. The medical treatment plan is for the injured worker to continue with use of Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NNorco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. California MTUS Guidelines also recommend an assessment, which should include what pain levels were before, during, and after medication consumption. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no assessment indicating what the injured worker's pain levels were before, during, and after the medication was taken. Furthermore, the submitted documentation did not include any drug screens or urinalysis showing that the injured worker was in compliance with his medications. It is unclear whether the Norco was helping with any functional deficits the injured worker might have had. It is shown in the submitted report that the injured worker has been on the medication since at least 06/2012. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.