

Case Number:	CM14-0145403		
Date Assigned:	09/12/2014	Date of Injury:	05/09/1991
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
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 and Oklahoma. 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 58-year-old male who reported an injury on 05/09/1991. The mechanism of injury was not submitted for review. The injured worker has diagnoses of post lumbar laminectomy syndrome, lumbar radiculopathy, and lumbar spondylosis. Past medical treatment consists of surgery, physical therapy, the use of TENS unit, caudal epidural injections, and medication therapy. Medications include Etodolac, Lyrica, MS Contin, Soma, and Norco 10/325. The injured worker underwent L4-S1 laminectomy with decompression in 1991 or 1992, discectomy at L5-S1 with possible revision of laminectomy in 1994, anterior posterior decompression and fusion at L4-S1 in 1999, and L3-4 transforaminal interbody lumbar fusion in 2006. On 08/13/2014, the injured worker complained of lower back pain. It was noted on physical examination that the injured worker had a pain rate of 3/10 with medications. Examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion was restricted with flexion limited to 40 degrees by pain, extension limited to 10 degrees and pain worse with extension. On palpation, paravertebral muscles were tenderness and tight, most noted on both sides. Lumbar facet loading was positive on the left side. Upon sensory examination, sensation to pinprick was decreased over the L5-S1 lower extremity dermatomes on the left side. Deep tendon reflexes were normal and equal on both sides. The treatment plan is for the injured worker to continue the use of Norco 10/325 mg #120. The provider feels medication continuation is necessary to the due to it assists with breakthrough pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (hydrocodone/acetaminophen)/Criteria for Use of Opioids.

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

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be and documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. Guidelines also state that there should indication as to what pain levels were before, during, and after medication administration. The submitted documentation lacked any indication of the efficacy of the medication. Additionally, there was no documentation indicating what pain levels were before, during, and after the medication. Furthermore, the documentation did not indicate whether the Norco was helping with any functional deficits the injured worker might have had. There were also no drug screens or urinalysis submitted for review showing that the injured worker was in compliance with the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for 1 prescription of Norco 10/325mg, #120 is not medically necessary.