

Case Number:	CM14-0146876		
Date Assigned:	09/12/2014	Date of Injury:	10/20/2008
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 56-year-old male who reported an injury on 10/20/2009 caused by unspecified mechanism. The injured worker treatment history included medications, epidural steroid injections, physical therapy treatment. The injured worker was evaluated on 08/19/2014 and it was documented the injured worker reported continued improvement. Medications, as well as previously provided epidural steroid injection are providing effective and improving the injured worker's pain levels, function, range of motion and overall sense of comfort. LBP continued to feel improved by 50%. The injured worker noted taking less pain medications and also having clearer thinking with the use of Ultracet. The injured worker would like to have a prescription for Ultracet and wean off Norco. The injured worker agreed to use Ultracet instead of Norco. The injured worker's pain level was 3/10 to 5/10 depending on his level of activity. Physical examination revealed neuro circulatory status was intact. Mild tenderness to palpation at the L4-5, L5-S1 interspaces. Range of motion improved with epidural steroid injection. MMT 5/5 in the left ankle DF, b/l EHL muscles, reflexes 2+, except 1+ in left ankle jerk reflex. Sensation to left improved in the dorsum of the left foot, left heel. Straight leg raise and slump were negative. Medications included Ultracet, gabapentin, Amrix and Ambien. Diagnoses included degenerative lumbar disc pathology, lumbar degenerative disc disease and lumbar radiculopathy. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-78, 91.

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

Decision rationale: The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include: Current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the 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 provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. There was no urine drug screen submitted for opioid compliance. The request submitted failed to include frequency and duration of medication. Additionally, the provider documented on 08/19/2014, the injured worker agreed to use Ultracet instead of Norco. As such, the request for Norco 10/325 mg #60 is not medically necessary.