

Case Number:	CM14-0147833		
Date Assigned:	09/15/2014	Date of Injury:	09/08/1993
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Management, and is licensed to practice in Tennessee. 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 55-year-old male with a 9/8/93 date of injury, when he fell off telephone pole and injured his lower back. The patient underwent posterior lumbar fusion at L4-L5 and L5-S1. The patient was seen on 8/12/14 with complaints of persistent low back pain with radiating symptoms down the right lower extremity. The patient was going out of town and requested an early refill for his medications. The patient stated that without the medication his pain was 7/10 and with medications was 3/10. The patient stated that with medications he was able to continue to work full-time, exercise and carry out activities of daily living. The patient did not report any side effects with the medications and the last random urine drug test was consistent. The patient was taking Norco 10/325 8 tablets a day, Motrin 800 mg 1 tablet a day and was using a TENS unit. Exam findings revealed ongoing tenderness to lumbar paraspinal muscles, full range of motion of the lumbar spine and positive straight leg raising test on the right. The diagnosis is chronic back pain and status post lumbar fusion. Treatment to date: work restrictions, physical therapy, massages and medications. An adverse determination was received on 8/28/14. The request for Norco 10/325 mg #710 was modified to 1 prescription of Norco 10/325 mg #240 given that the request was made due to the patient's being out of town, however the patient was taking 8 tablets per day and only 240 tablets was necessary at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #710: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The UR decision dated 8/28/14 modified the request for Norco 10/325 mg #710 to 1 prescription of Norco 10/325 mg #240 given that the request was made due to the patient's being out of town. It was noted that the patient was taking 8 tablets per day and only 240 tablets was necessary at the time. There is a lack of documentation indicating for how many days the patient needed his medication. In addition, treatment with an opioid requires clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #710 was not medically necessary.