MAXIMUS Federal Services

Case Number:	CM14-0148884		
Date Assigned:	09/18/2014	Date of Injury:	05/26/2006
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 California. 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 61-year-old male who reported an injury on 05/26/2006. The mechanism of injury was not provided. The injured worker has diagnoses of lumbago, facet syndrome, and drug dependence not otherwise specified. The past treatment included physical therapy 10 sessions, caudal epidural steroid injection on 04/18/2014, back brace, and cane. The injured worker also had an epidural steroid injection on 06/20/2014 with succeeding 60% improvement in leg pain. Diagnostic testing was not provided. The injured worker underwent right knee arthroscopy x2, left forearm surgery x2, and lumbar fusion. The injured worker complained of ongoing pain to his low back, right knee, left posterior thigh, both feet and ankles, and left wrist on constant basis on 09/29/2014, rating his pain 6/10 to 9/10 on the pain scale. The physical examination of the lumbar spine revealed range of motion restricted, with flexion limited to 20% and extension limited to 25%. The injured worker had tenderness noted to spinous processes of L4-5. Straight leg raising test was positive on both sides. Medications included lidocaine 5% ointment, Flexeril 10 mg, tramadol HCl ER 100 mg, ibuprofen 800 mg, and Norco 10/325 mg. The treatment plan is for 2 remaining (2 refills) of Norco 10/325 mg #90. The rationale for the request was not submitted. 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:

2) Remaining (2 Refills) Of Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP. Decision based on Non-MTUS Citation Official Disability Guidelines; Criteria for use Opioids

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

Decision rationale: The request for 2) Remaining (2 Refills) Of Norco 10-325mg #90 is not medically necessary. The injured worker complained of ongoing pain to his low back, right knee, left posterior thigh, both feet and ankles, and left wrist on constant basis on 09/29/2014, rating his pain 6/10 to 9/10 on the pain scale. The California MTUS guidelines recommend opioid management include ongoing review and 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; 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 injured worker'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 relief. There is a lack of documentation indicating urine drug screening has been performed. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore, the request for 2) Remaining (2 Refills) Of Norco 10-325mg #90 is not medically necessary.