MAXIMUS Federal Services

Case Number:	CM14-0151558		
Date Assigned:	09/24/2014	Date of Injury:	04/19/2012
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational 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:

This 50 year old patient had a date of injury on 4/19/2012. The mechanism of injury was he was shoveling debris and felt pain in low back. In a progress noted dated 8/31/2014, the patient complains of pain and inability to lift. His pain is aching and stabbing, and he is visiting today for the flu. On a physical exam dated 8/31/2014, there is paravertebral tenderness and spasm on both sides. He has returned to work with restrictions, and he is taking Soma as well as Norco. The diagnostic impression shows low back pain, left knee pain, insomnia. Treatment to date: medication therapy, behavioral modification, L5-S1 laminectomy/discectomy in 11/2013. A UR decision dated 9/3/2014 denied the request for Norco 10/325 #180(MED 60), stating that there was no opioid contract, CURES, or urine drugs screens were provided for review. Furthermore, there was no evidence of functional benefit from the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10-325MG, DAYS SUPPLY 30, QUANTITY 180, MED 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In the documentation provided, there was no evidence of functional improvement noted from the opioid regimen. Furthermore, there was no documentation of opioid pain contract, CURES monitoring, or urine screens for review. Therefore, the request for Norco 10/325 #180 MED 60 was not medically necessary.