

Case Number:	CM14-0160010		
Date Assigned:	10/03/2014	Date of Injury:	09/30/2002
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Ohio. 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 44-year-old male who reported an injury on 09/30/2002 due to an unknown mechanism. Diagnosis was postlumbar laminectomy syndrome. Physical examination dated 08/27/2014 revealed complaints of pain with medications rated 8/10. The injured worker rated the pain without medication as a 10/10. It was reported no new problems or side effects. Quality of sleep was poor. The injured worker was not trying any other therapies for pain relief. It was reported that the injured worker's activity level had increased. It was reported that the medications were working well. Examination of the lumbar spine revealed lumbar spine had loss of normal lordosis with straightening of the lumbar spine and surgical scar. Range of motion was restricted. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on both sides in a sitting at 85 degrees. Motor testing was limited by pain. Deep tendon reflexes for knee jerk was 3/4 on both sides, ankle jerk was 1/4 on both sides. The injured worker reported his right leg had given out on him a few times. The injured worker was wearing a knee brace for support. Treatment plan was to proceed with acupuncture, and take the medications as directed. Medications were Lyrica 150 mg 1 three times a day, MS Contin 60 mg 1 four times a day, Norco 10/325 mg 1 four times a day as needed. The rationale and Request for Authorization were not submitted.

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 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The decision for prescription Norco 10/325 quantity 120 with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker is also taking MS Contin 60 mg 1 tablet 4 times a day. This exceeds the medical guidelines recommended dosing of 120 mg oral morphine equivalents per day. Also, the request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.