

Case Number:	CM14-0161494		
Date Assigned:	10/06/2014	Date of Injury:	05/04/2009
Decision Date:	11/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 and is licensed to practice in New York. 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 45-year-old male who reported an injury on 05/04/2009. The mechanism of injury was not provided. The injured worker has diagnoses of low back pain, thoracic pain, and lumbar radiculopathy. Past medical treatment included medications, physical therapy, surgery, acupuncture, TENS unit, lumbar epidural steroid injections, and chiropractic therapy. Diagnostic testing included an MRI of lumbar spine on 02/14/2011 and 01/18/2013, an EMG/NCS on 12/03/2012, an x-ray of C spine on 10/15/2012, an MRI of C spine on 07/29/2009, and 08/13/2011. The injured worker underwent cervical disc replacement surgery at the C6-7 level on 12/20/2011. The injured worker complained of mid back pain and lower back ache on 09/15/2014. The physical examination revealed paravertebral muscles, tenderness is noted to thoracic spine on both sides, spinous process tenderness, no rib tenderness noted. The physical examination of lumbar spine revealed range of motion is restrictive with flexion limited to 60 degrees limited by pain, and extension limited to 5 degrees limited by pain. On palpation, paravertebral muscles tenderness is noted on both the sides. The lumbar facet loading was negative on both sides, and straight leg raising test was positive on the right side. Medications included Gabapentin 300 mg, Norco 10/325 mg, and ibuprofen 200 mg. The treatment plan is for Norco 10/325 mg #90. The rationale for the request was not submitted. The Request for Authorization was submitted on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg # 90: Upheld

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

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

Decision rationale: The request for Norco 10-325 mg # 90 is not medically necessary. The injured worker complained of mid back pain and lower back ache on 09/15/2014. The California MTUS guidelines recommend ongoing review with 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, and 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 patient'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 level. 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 in order to determine the necessity of the medication. Therefore, the request for retrospective Norco 10/325mg #90 is not medically necessary.