MAXIMUS Federal Services

Case Number:	CM14-0212593		
Date Assigned:	12/30/2014	Date of Injury:	08/27/2007
Decision Date:	02/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 patient is a 53-year-old male who has submitted a claim for low back pain, lumbosacral strain, and right L5 to S1 radiculopathy associated with an industrial injury date of August 27, 2007.Medical records from 2014 were reviewed. The patient complained of neck pain and back pain radiating to bilateral upper and lower extremities, respectively. The pain was associated with numbness and tingling sensation. Physical examination showed a positive straight leg raise test on the right, decreased pinprick sensation at the right S1 dermatome, normal motor exam, and absent reflexes. The EMG/NCV study of bilateral lower extremities showed mild right L5 and S1 radiculopathy. The urine drug screen from August 8, 2014 showed consistent results with prescription medications.Treatment to date has included use of a TENS unit, chiropractic care and medications such as Neurontin, naproxen, Toradol, Flexeril, tramadol, and Norco.The utilization review from November 24, 2014 modified the request for Norco 10/325 mg, #30 into quantity 15 for the purpose of weaning because of no documentation concerning improvement in pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 75, 78, 111-113.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for Norco is unknown due to lack of documentation. The urine drug screen from August 8, 2014 showed consistent results with prescription medications. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects from use of Norco. MTUS Guidelines require clear and concise documentation for ongoing management hence the current recommendation is to taper the quantity of Norco for the purpose of weaning safely from opioid use. Therefore, the request for Norco 10/325mg, #15, no refills, for a taper, unless substantiating documentation can be obtained, is medically necessary.