

Case Number:	CM15-0006569		
Date Assigned:	01/26/2015	Date of Injury:	05/02/2000
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 73-year-old male who reported an injury on 05/02/2000 which occurred when he fell from a forklift. His diagnoses include lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain, and history of lumbosacral fusion at L4-5. His past treatments were noted to include electro acupuncture, spinal surgery, home exercise, and medications. On 09/18/2014, the injured worker's medications were noted to include Norco. A urine drug screen performed at the time of that visit was positive for marijuana and opiates. On 11/20/2014, the injured worker's symptoms were noted to include low back pain. He reportedly used MS Contin as a long acting opioid and Norco for breakthrough pain. The injured worker reported that the medications helped control his pain and allowed him to function and provide self-care activities. On 12/18/2014, the injured worker reported continued pain and discomfort and it was noted that he continued MS Contin as a long acting opioid and Norco for breakthrough pain. Documentation indicated that Norco had been denied and the injured worker was disappointed as the medication controlled his pain and increased his function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medications should be based on detailed documentation of measurable pain relief, functional improvement, adverse side effects, and appropriate medication use evidenced by consistent results on urine drug screening. The clinical information submitted for review indicated that the injured worker reported pain relief and increased function with use of his medications. However, numeric pain scale ratings were not provided with and without medications to show objective evidence of significant pain relief. In addition, he was shown to have inconsistent results on a urine drug screen on 09/18/2014 which showed positive for marijuana in addition to his prescribed opioid medications. However, several clinical notes since that time have failed to address this finding. Therefore, continued use of this opioid medication is not supported by the guidelines. Furthermore, the request as submitted failed to include a dose, frequency, and quantity. For these reasons, the request is not medically necessary.