

Case Number:	CM15-0016790		
Date Assigned:	02/05/2015	Date of Injury:	12/10/2009
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported injury on 12/10/2009. The mechanism of injury was not provided. The injured worker was noted to undergo an L4-S1 facetectomy, foraminotomy, and laminectomy in 09/2012. The documentation of 01/15/2015 revealed the injured worker had a steroid injection at S1 on 12/19/2014 and it did not help. The injured worker indicated it seemed to make things worse. The injured worker indicated he had good pain relief from a 9/10 to a 6/10 with the use of Norco. The Colace was noted to help for constipation and the injured worker was utilizing ibuprofen. The use of the medication was noted to allow the injured worker to carry out some activities of daily living and walk a little bit. It improved his quality of life. The injured worker underwent a urine drug screen. The medications included OxyContin CR 15 mg twice a day, Norco 10/325 mg 3 times a day, ibuprofen 800 mg 3 times a day, Colace 100 mg as needed, and lactulose solution 1 to 2 teaspoons a day as needed. The physical examination revealed a negative straight leg raise for radicular symptoms. The diagnosis included status post L4-S1 facetectomy, foraminotomy, and laminectomy in 09/2012. The diagnostic studies included an MRI of the lumbar spine in 05/2010 and again on 08/08/2014 and an EMG/NCV study. The treatment plan included OxyContin 15 mg and a reduction of Norco 10/325 mg for breakthrough pain, the use of Colace and lactulose solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Therefore, the request for Norco 10/325mg #150 is not medically necessary.