

Case Number:	CM14-0005931		
Date Assigned:	01/17/2014	Date of Injury:	08/08/2000
Decision Date:	06/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 injured on 08/08/00 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. The clinical documentation indicates current diagnoses as lumbar disc herniation syndrome status post lumbar laminectomy and discectomy, IDET, L4-5 posterior interbody fusion, L4-5, L5-S1 on 05/21/05; L5-S1 radiculopathy; and retained symptomatic hardware. The clinical documentation indicates the injured worker continues to complain of significant aching low back pain and a pins and needles sensation with occasional radiating symptoms to the bilateral lower extremities. The injured worker reports stiffness and achiness, mostly in the morning or with prolonged walking and standing. He is taking Norco, Ultracet, Cyclobenzaprine, Omeprazole, and Xanax ER. The injured worker is currently not attending physical therapy. Physical examination revealed significant spasm and tenderness in the paralumbar musculature, pain on motion, sciatic stretch sign is positive bilaterally, straight leg raise aggravates the injured worker's chief complaint, reduced range of motion, increased pain on extension, and the injured worker ambulates with an antalgic gait. The documentation indicates multiple inconsistent urine drug screens. Previous clinical documentation indicates the intent to wean the injured worker to 2 Vicodin per day; however, it was felt that this would be an unrealistic goal. Current medications include Prilosec 20mg BID, Ultracet 37.5/325mg Q 6-8 hours, Flexeril 10mg Q 12 hours, Xanax XR 1mg QHS, and Norco 10/325mg Q 4-6 hours. The initial request for Ultracet 37.5/325mg, #90 and Norco 5/325mg, unknown amount was non-certified on 10/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the clinical documentation fails to address the inconsistency with multiple urine drug screens. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet 37.5/325 MG #90 cannot be established at this time.

NORCO 5/325 MG #: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the clinical documentation fails to address the inconsistency with multiple urine drug screens. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 5/325 MG # cannot be established at this time.