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| Case Number: | CM14-0153849 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 03/04/2013 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/20/2014 |

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 46 year old male with a date of injury on 03/04/2013. Subjective complaints are of lumbar spine pain that is rated at 4-5/10, but pain is tolerable with the use of medications. Physical exam shows lumbar tenderness at L4-5 and L5-S1 and the posterior superior iliac spine. Neurological exam was intact. Diagnoses include lumbar strain, burst fracture of L2 vertebral body, central canal stenosis, and grade 1 anterolisthesis of L5 to S1. Medications include Norco, Tramadol, and Flexeril. Urine drug screens from 3/5/14 and 6/4/14 did not detect the prescribed hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. There is also evidence of two inconsistent urine drug screens. Furthermore, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of Norco is not established at this time. The request is not medically necessary.