

Case Number:	CM14-0156412		
Date Assigned:	09/25/2014	Date of Injury:	12/30/2003
Decision Date:	11/05/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 12/30/2003. The mechanism of injury was the injured worker was descending a ladder, and the ladder slipped on concrete, where the injured worker fell on top of the ladder in a sitting position, causing compression to the spine. The diagnoses included carpal tunnel syndrome, pain in joint involving shoulder region, cervicalgia, neck pain, spinal stenosis of the lumbar region, and other postsurgical status. The diagnostic studies were not provided. The injured worker had a C4-7 fusion on 06/23/2010. The injured worker had a fusion at T12-L2. Other therapies included epidural steroid injections and medications. The injured worker was noted to be utilizing Norco 10/325 since at least 02/2014. The documentation of 08/06/2014 revealed the injured worker had complaints of neck, low back, and left shoulder pain. The injured worker indicated when he takes the Norco and Neurontin, his back pain drops from a 7-8/10 to a 3-4/10. The injured worker indicated the pain was tolerable at that level, and he was able to perform activities around the house such as moving the lawn, cooking and cleaning. The injured worker was able to take the dogs out for a walk. The injured worker's current medications were noted to include Norco 10/325 six tablets per day, Neurontin 800 mg 1 by mouth 3 times a day, glipizide, atenolol, lisinopril, TriCor, glipizide, metformin, aspirin, Colace 100 mg by mouth twice a day and amitriptyline 50 mg 1 to 2 at night. The objective findings of the examination revealed the injured worker was leaning towards the right with his left leg slightly extended. The injured worker had a reproduction of symptoms with the left leg straight raise. The physician opined the distribution was in L5. The documentation indicated the injured worker had epidural steroid injections with relief lasting 1 to 2 months previously. The treatment plan included Norco 10/325 mg #360 and Neurontin 800 mg #180 for

a 2 month supply. There was a lack of documented rationale for the medications. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg quantity #360; dispensed on 08/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

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

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend opiates 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 indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted was noted to be for a 2 month supply without documented rationale for the medication usage and for a 2 month supply. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Norco 10/325mg quantity 360, dispensed on 08/06/2014 is not medically necessary.