

Case Number:	CM13-0024089		
Date Assigned:	07/07/2014	Date of Injury:	01/24/1983
Decision Date:	09/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 an 80-year-old male who reported an injury on 01/24/1983 from a cause of an unspecified injury. The injured worker had a history of lower back pain with an unknown diagnosis. No diagnostics not available for review. The past treatments included multiple trigger point injections to the lumbar region. The physical examination of the lumbar spine dated 02/04/2014 revealed decreased range of motion with extension, 4 trigger point taut bands identified: 2 at the iliolumbar and 2 at the sacroiliac. Sciatic stretch test produced low back discomfort. No focal motor weakness. Reflexes were symmetric. The injured worker's past surgeries included a lumbar laminectomy with no date provided. Medications included Norco 10/325 mg and Lidoderm patches. No VAS was provided. The treatment plan included Norco 10/325 mg, continue Lidoderm patches, independent exercises, and return in 2 months. The Request for Authorization dated 11/21/2013 was submitted with the documentation. The rationale for the Norco was that the trigger point injection was wearing off.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG 1PO Q6-8HRS #100 NO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg 1 by mouth every 6 to 8 hours #100 with no refills is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation provided did not indicate the activities of daily living, adverse side effects, or aberrant drug-taking behaviors. The documentation was not evident of the pain measurements or the efficacy of the medication. The injured worker had multiple trigger point injections and he was able to be independent with his exercises. As such, the request is not medically necessary.

NORCO 10/325MG 1PO Q6-8 HRS #100 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg 1 by mouth every 6 to 8 hours #100 with 3 refills is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation provided did not indicate the activities of daily living, adverse side effects, or aberrant drug-taking behaviors. The documentation was not evident of the pain measurements or the efficacy of the medication. The injured worker had multiple trigger point injections and he was able to be independent with his exercises. As such, the request is not medically necessary.