

Case Number:	CM13-0039545		
Date Assigned:	12/20/2013	Date of Injury:	11/22/2004
Decision Date:	05/15/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Okalahoma. 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 32-year-old male who reported an injury on 11/22/2004. The mechanism of injury was not provided. The injured worker's medication history included opiates as of 2011. The documentation of 09/04/2013 revealed the injured worker was taking Aleve over-the-counter which provided minimal benefit. The injured worker's diagnosis was 3 years status post L4-5 fusion and right L3-4 disc herniation with right lower extremity radiculopathy. The plan was for a right L3-4 transforaminal epidural steroid injection and Norco #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATION FOR CHRONIC PAIN AND ONGOING MANAGEMENT Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence that 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 since 2011. There was lack of documentation of objective improvement in function and an objective decrease in pain. There was lack of documentation of evidence that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the strength and the frequency for the requested medication. Given the above, the request for a prescription of Norco #60 is not medically necessary.