

Case Number:	CM13-0045258		
Date Assigned:	06/09/2014	Date of Injury:	04/01/2012
Decision Date:	08/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 04/12/2013. The injured worker complained of low back pain with numbness and tingling in his left leg and left great toe. On 05/28/2014 the physical examination revealed muscle guarding, left side greater than the right. There was a bilateral asymmetric loss of motion, left side greater than the right and there was sensory loss along the L4 and L5 dermatomes. The MRI taken on 10/09/2012 revealed normal disc height with no disc protrusion at L1-2, L2-3, and L5-S1. There were endplate degenerative changes and mild facet arthropathy noted at L3-4 and L4-5. The injured worker has a diagnosis of lumbar musculoligamentous sprain. There was no indication of past treatment methods. The injured worker was on Norco 5/325 mg. The current treatment plan is for 1 prescription of Norco #60. The rationale was not submitted for review. The request for authorization form was dated 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 74-78.

Decision rationale: The request for one prescription of Norco #60 is not medically necessary. The injured worker has a history of low back pain with numbness in the left leg and the left great toe. The California MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. There was no documentation of the 4 A's recommended for ongoing monitoring of opioids. There was a lack of documentation of a complete pain assessment to include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In addition, the request did not provide the dosage or frequency. Given the above, the request for 1 prescription of Norco #60 is not medically necessary.