

Case Number:	CM13-0045747		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2011
Decision Date:	07/11/2014	UR Denial Date:	10/25/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 03/31/2011. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 10/22/2013, the injured worker complained of pain rated 5/10 in severity. Upon the physical exam, the provider noted the injured worker was able to do a heel walk and toe walk bilaterally and there was minimal cervical and lumbar tenderness. The provider noted the cervical spine and lumbar spine ranges of motion were not tested. The provider indicated the femoral stretch was negative bilaterally. The diagnoses included status post anterior cervical discectomy and fusion, lumbosacral strain with herniated nucleus pulposus at L4-5 and L5-S1, and shoulder complaints. The provider requested Norco. However, a rationale was not provided for review. The request for authorization was submitted and dated 10/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 is non-certified. The injured worker complained of pain which was rated 5/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain, the least reported pain over the period since the 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. The guidelines recommend the use of urine drug screens or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication has been providing objective functional improvement. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.