

Case Number:	CM13-0065066		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2011
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 a 36-year-old female who reported an injury on 03/08/2011, after lifting a child out of a car. The injured worker reportedly sustained an injury to her low back. The treatment history has included physical therapy, multiple medications, and epidural steroid injections. The injured worker was evaluated on 10/21/2013. The physical findings included lumbosacral tenderness to palpation with decreased range of motion and a positive straight leg raising test. It was noted that the injured worker had decreased sensation in the L5 distribution, with a painful heel to toe walk. The injured worker's diagnoses included disc herniation of the lumbosacral spine. The treatment plan included a consultation to a pain management specialist, continuation of electrical stimulation, and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend that the continued use of opioids in the management of chronic pain be supported by the documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 08/2011. However, there is no documentation of a quantitative pain assessment or evidence of increased functional benefit to support the efficacy and ongoing use of this medication. Additionally, the clinical documentation submitted for review did not provide any evidence that the injured worker is regularly monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted did not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.