

Case Number:	CM13-0067073		
Date Assigned:	01/03/2014	Date of Injury:	01/30/2007
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 and is licensed to practice in California. 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 42-year-old male who reported an injury on 01/30/2007. The mechanism of injury was not provided in the medical records. His symptoms included pain to his left lower back and left hip region. Physical examination was positive for facet joint mediated pain. The injured workers medication regimen included Norco 5/325 twice a day as needed, gabapentin 600 mg 1 taken 4 times a day, and Flexeril 7.5 mg 1 every day as needed. The injured worker was diagnosed with low back pain. Prior treatment included a lumbar epidural steroid injection, bilateral L4-5 medial branch facet nerve block, trigger point injections, and oral medications. Diagnostic studies were not included in the medical records. On 10/30/2013, a request for Norco 5/325 mg was made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5-325MG QTY 60: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 A's" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review indicated the injured worker had been experiencing increasing pain to his left low back and left hip region. His current medications included Norco; however, the documentation failed to provide evidence of increased function with use of the requested medication and whether there had been reported adverse effects or observed aberrant drug taking behaviors. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Norco 5/325 mg QTY 60 is not medically necessary.