

Case Number:	CM13-0069094		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2007
Decision Date:	08/01/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 Ohio. 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 49-year-old male with a reported date of injury on 03/14/2007. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of pain, suicidal thoughts, stress, headaches, and depression. According to the clinical note dated 11/12/2013, the injured worker was referred to pain management and has been seen by a psychiatrist. The previous physical therapy and conservative care were not provided within the documentation available for review. The injured worker's diagnosis included lumbosacral neuritis. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for Norco 10/325 mg #90 was submitted on 12/20/2013. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or the improved quality of life. The clinical documentation provided for review indicates the injured worker has utilized Norco prior to 05/16/2008. There is a lack of documentation related to the subjective and objective complaints, percent of pain relief, and functional deficit to include ability or inability to perform ADLs, sleep, work, exercise, etc. The clinical information provided for review lacks documentation of the injured worker's VAS pain scale. There is a lack of documentation related to the functional and therapeutic benefit in the long term use of Norco. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.