

Case Number:	CM14-0003806		
Date Assigned:	04/04/2014	Date of Injury:	06/20/2006
Decision Date:	05/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Sports 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 49-year-old male who reported injury on June 20, 2006. The mechanism of injury was not provided. The injured worker's medication history included Norco as of April of 2013. The documentation of December 4, 2013 revealed the injured worker had frequent flare-ups of back pain and spasms. The medications were discontinued due to a urine drug screen on October 14, 2013, which was positive for marijuana. The injured worker ran out of Norco 10/325. Refills were given, pending a repeat laboratory study of November 21, 2013. It was indicated the injured worker was taking Aleve and over-the-counter medications that did not control pain. The injured worker's diagnosis included status post lateral lumbar interbody fusion at L4-5 in 2009, right knee patellofemoral arthralgia and right elbow symptoms, unchanged. The treatment plan was to refill Norco and flexeril due to ongoing flare-ups of low back pain and spasms. It was indicated the injured worker was discharged with no change to permanent disability status.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EDICATION FOR CHRONIC PAIN AND ONGOING MANAGEMENT Page(s): 60,78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain, an objective improvement in functional status, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since April of 2013. The clinical documentation failed to meet the above criteria. The request as submitted failed to indicate the frequency for the requested medication. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.