

Case Number:	CM14-0004988		
Date Assigned:	01/24/2014	Date of Injury:	01/13/2000
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery, 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 42 year old female who reported an injury on 01/13/2000. She reportedly was flagging traffic and was struck by an on coming vehicle. The clinical note dated 01/08/2013 presented the injured worker with low back pain, neck pain, and continued anxiety. The physical exam noted slight tenderness at the cervical paravertibral as well as trapezus and tenderness and spasm in the lower lumbosacral musculature upon palpation. An assessment of the cervical spine range of motion revealed 45 degrees of flexion, 45 degrees of extention, 60 degrees of right lateral rotation, 45 degrees of right lateral flexion, 60 degrees of left lateral rotation, and 45 degrees of left lateral flexion. The injured workers diagnoses included cervical strain, lumbosacral strain, planter fasciitis of the right leg, anxiety and stress, insomnia, weight gain, sexual insufficiency, depression, and history of the fall. The provider recommended Norco 10/325mg #60. The request for authorization form was not included in the medical documents for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

Decision rationale: The request for Norco 10/325mg #60 is not medically necessary. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing the desired effects for the injured worker including decreased pain and significantly improved functionality. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.