

Case Number:	CM14-0006492		
Date Assigned:	01/24/2014	Date of Injury:	01/31/2007
Decision Date:	08/22/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 Pain Medicine 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 31-year-old male who reported an injury on 01/31/2007. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar degenerative disc disease, lumbosacral radiculitis, and myofascial pain. His past treatments were noted to include chiropractic treatment, multiples medications, use of a TENS unit, heat applications, and acupuncture treatment. On 01/15/2014, the injured worker presented with low back pain with radiating symptoms to the right lower extremity. He rated his pain an 8/10 to 9/10. His physical examination revealed paraspinal muscle tenderness and spasm. His medications were not noted within this clinical note; however, at his 11/15/2013 note, his medications were noted to include Norco, trazodone, gabapentin, omeprazole, LidoPro cream, and naproxen. The treatment plan included an updated MRI of the lumbar spine. A rationale for the request was not provided in the medical records. The request for authorization was submitted on 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 1 TABLET TWO-THREE TIMES PER DAY PM #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, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review failed to provide adequate documentation of pain relief with the use of Norco, evidenced by numeric pain scales, evidence of increased function with the use of his medication, or documentation regarding appropriate medication use and adverse side effects. Additionally, the documentation did not provide evidence that the injured worker has not had appropriate results on a urine drug screen to verify compliance. For the reasons noted above, the ongoing use of Norco is not supported at this time. As such, the request is not medically necessary.