

Case Number:	CM14-0007649		
Date Assigned:	02/07/2014	Date of Injury:	04/04/2011
Decision Date:	07/10/2014	UR Denial Date:	12/30/2013
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 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 32-year-old male with a reported date of injury on 04/04/2011. The injury reportedly occurred when the injured worker was lifting a bale of hay. His diagnoses were noted to include chronic low back pain, lumbar disc degeneration with radiculopathy, and hypertension. His previous treatments were noted to include Norco, exercise, and surgeries. The progress note dated 12/16/2013 reported the injured worker complained of left shoulder weakness and was waiting a formal surgical consultation appointment. The progress note dated 11/18/2013 reported a CURES report was performed and activity monitoring forms were collected, and a reconciled pill count was performed, but the results were not submitted within the medical records. The injured worker described his left shoulder as having improved significantly following surgery, but reported an ongoing sense of weakness, vague but with pain or discomfort and occasional paresthesias in the left arm. His principal residual complaint was that of low back pain which he left had worsened rather than improved with time as well as radiating leg pain. The request for authorization from dated 12/18/2013 was for Norco 5/325 mg 2 to 3 tablets every day as needed #30 for left shoulder pain and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30: 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.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4A's for ongoing monitoring; including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. The injured worker has been taking Norco since 12/2012. There is a lack of evidence of decreased pain on a numerical scale and a lack of improved functional status. There is a lack of documentation of adverse effects with the medication. It is unclear whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for Norco 5/325 mg #30 is not medically necessary.