

Case Number:	CM14-0100727		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2003
Decision Date:	10/01/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation 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 55-year-old male who reported an injury on 11/13/2003, reportedly slipped and fell off a roof sustaining injuries to his right upper extremity. The injured worker's treatment history included epidural steroid injections, medications, surgery, and medications. The injured worker was evaluated on 05/27/2014 and it was documented that the injured worker complained of chronic low back pain with radiation to the right lower extremity. The physical examination revealed tenderness over the lumbar spine and facet joints, crepitus, and decreased range of motion. The pain was rated at 6/10 with medications and 10/10 without medications. The injured worker noted he tried to go without medication in the past and ended up in bed for 2 day due to severe pain. Diagnoses included lumbago, radiculitis, myofascial pain syndrome, and post laminectomy syndrome. Medications included Xanax and Norco. The Request for Authorization dated 05/27/2014 was for Norco. The injured worker had a urine drug screen on 03/07/2013 that was positive for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 270 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The requested is not medical necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was urine drug screen positive for opioid compliance. However, there was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325 mg QTY: 270 with 1 refill is not medically necessary.