

Case Number:	CM14-0102859		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2013
Decision Date:	09/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 05/04/2013 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his neck and low back. The injured worker has a history significant for cervical fusion in 2012. The injured worker's treatment history included physical therapy, acupuncture, epidural steroid injections, a TENS unit, and multiple medications. The injured worker was evaluated on 05/02/2014. It was documented that the injured worker had continued neck and low back pain that had increased since the last visit. Medications included Lyrica 75 mg, Norco 5/325 mg, aspirin 325 mg, and Naprosyn 250 mg. It was also noted that the injured worker had a pain control pump that is used on an as needed basis for severe pain. Physical evaluation revealed limited range of motion secondary to pain with tenderness to palpation over the bilateral sacroiliac joints with absent patellar reflexes bilaterally and absent ankle jerk reflexes bilaterally. The injured worker had a negative straight leg raising test. The injured worker's diagnoses at that appointment included lumbar radiculopathy, spinal lumbar degenerative disc disease, and low back pain. The injured worker's treatment plan included increasing the dosage of Norco from 5/325 mg to 10/325 mg up to 3 times a day for breakthrough pain. The injured worker was evaluated on 07/25/2014. It was noted that the injured worker had had a reduction in pain from a 10/10 to a 5/10 with the use of Norco 10/325 mg. It was noted that the injured worker was stable and had improved quality of life and increased functional capabilities secondary to medication usage. A request was made for a refill of Norco 10/325 mg and Lyrica 100 mg. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill: Norco 10-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested refill for Norco 10/325 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker began using Norco 10/325 mg on 05/02/2014. It is noted within the documentation that the injured worker has a reduction in pain from a 10/10 to a 5/10 with increased functionality. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has been recently assessed for aberrant behavior. The clinical documentation does not clearly identify that the injured worker is engaged in an opioid pain contract. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested 10/325 mg #90 is not medically necessary or appropriate.