

Case Number:	CM14-0103691		
Date Assigned:	07/30/2014	Date of Injury:	01/04/2009
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 43-year-old male who reported injury on 01/04/2009. The mechanism of injury was the injured worker pushed a receptacle can and felt pain radiating down the left leg. Prior treatments included physical therapy, anti-inflammatory medications, epidural injections and modified activities as well as surgical intervention. The injured worker medication history opiates as of at least 01/2013. The injured worker underwent an MRI of the lumbar spine. The documentation of 06/12/2014 revealed the injured worker had complaints of residual low back pain and left leg pain. The injured worker indicated he would like to restart physical therapy. The injured worker was noted to be taking Norco 10/325 mg every couple of days, and needed a refill. The objective examination revealed limited range of motion secondary to pain. The injured worker was noted to undergo an MRI on 11/30/2011. The diagnoses included status post initial discectomy L5-S1 on 08/12/2009 with a second discectomy at L5-S1 on the left, paracentrally, on 01/05/2011. The treatment plan included physical therapy 2 times a week times 6 weeks and Norco 10/325 mg 1 to 2 every 4 to 6 as needed for pain. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/ 325 mg. 1-2 po (by mouth) prn (as needed) pain, # 120 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): : 78, 79, 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2013. There was a lack of documentation of the above criteria. The clinical documentation failed to indicate a necessity for the 3 refills without re-evaluation. Given the above, the request for Norco 10/ 325 mg. 1-2 po (by mouth) prn (as needed) for pain, # 120 x 3 is not medically necessary.