

Case Number:	CM14-0105392		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2013
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
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 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 67-year-old male who reported a heavy lifting injury while bending forward on 12/13/2013. On 06/17/2014, his diagnoses included improved but residual chronic left-sided low back pain with left lower extremity radiculopathy, status post-acute lumbosacral spine musculoligamentous strain, superimposed on lumbosacral spine degenerative disc disease and history of diabetes. On 05/28/2014, his medications included Metformin, Glyburide, Actose, and Ibuprofen, with no dosages noted. There is no rationale or request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend that a therapeutic trial of opioids should not be

employed until the patient as failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made, including social, physical, psychological, daily, and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Since there was no documentation submitted of this worker having previously used opioids for pain relief, this report will continue with the understanding that this is a therapeutic trial of opioids. There was no documentation of failed trials of non-opioid analgesics. There were no assessments of social, psychological, or daily activities using a numerical rating scale, and no psychosocial assessment to verify whether or not this worker should undergo a trial of opioids. Additionally, there was no frequency of administration including in the request. The clinical information submitted failed to meet the evidence-based guidelines for opioid use. Therefore, this request for Norco 10/325 mg #90 is not medically necessary.