

Case Number:	CM14-0105938		
Date Assigned:	07/30/2014	Date of Injury:	10/15/2013
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 female who reported an injury on 10/15/2013. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain, history of head trauma, thoracolumbar sprain, right lower extremity radiculitis, left shoulder strain, left shoulder contusion/bursitis, blurred vision, anxiety, depression, insomnia, and nausea. The injured worker was evaluated on 05/23/2014, with complaints of lower back pain radiating into the left lower extremity. Physical examination revealed tenderness to palpation of the lumbar spine, positive straight leg raising on the left, hypoesthesia in the left L5-S1 dermatome, tenderness to palpation of the upper trapezius bilaterally, positive axial compression testing, and limited cervical range of motion. Treatment recommendations included physical therapy, continuation of the current medication regimen, and a new prescription for Norco 2.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg Qty: 60.00: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no documentation of a written pain consent or agreement for chronic use of an opioid. There is also no frequency listed in the current request. As such, the request is not medically necessary.