

Case Number:	CM14-0017042		
Date Assigned:	03/05/2014	Date of Injury:	03/12/2007
Decision Date:	04/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine, Pulmonary Diseases 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 50-year-old male who reported an injury on 03/12/2007. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbar sprain and strain. The patient's symptoms include pain to the upper back, middle back, lower back, and gluteal area. The patient describes the pain as an ache, burning, deep, diffuse, discomforting, dull, numbness, piercing, sharp, shooting, stabbing, and throbbing. The patient's symptoms are aggravated by bending, changing positions or daily activities. The symptoms are relieved by heat, ice, lying down, or pain meds/drugs. The patient is noted to have a pain level of 10/10 without medications and a 7/10 with medications. The patient is also noted to have completed 6 sessions of acupuncture with no relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 5/325MG #150, 1 REFILL (1 PO Q5-6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids, criteria for use Page(s): 78.

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the "4 A's" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The most recent clinical note provided indicated the patient had decreased pain and increased function with the use of opioids. However, the documentation failed to provide evidence of adverse side effects or aberrant drug taking behaviors. In the absence of detailed documentation, required by the guidelines, for the ongoing use of opioid medications, the request for Norco 5/325 mg #150, 1 refill (1 PO Q5-6) is non-certified.