

Case Number:	CM14-0017219		
Date Assigned:	07/02/2014	Date of Injury:	05/14/2004
Decision Date:	08/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in Pain Medicine 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 50-year-old male who reported an injury on 05/14/2004, the mechanism of injury was not provided. On 10/31/2013 the injured worker presented with pain to the right side of the back, that radiates to the right leg and hip area. Upon examination of the lower back there was limited range of motion, and the right hip had tenderness to palpation over the greater trochanter. Passive range of motion is painful in flexion and external rotation. There was palpation revealing muscle rigidity to the lumbar trunk, suggesting muscle spasm. The current medications included Norco, Naprosyn and Lunesta. The diagnoses were low back pain with right leg symptoms and history of lumbar sprain/strain with underlying lumbar degenerative disc disease. The provider recommended Norco 7.5/325 mg with a quantity of 120. The provider's rationale was not provided. The request for authorization form was dated 11/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 MG. #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the injured worker has been prescribed Norco since at least 10/2013, the efficacy of the medication was not provided. Therefore, Norco 7.5/325 mg. #120 is not medically necessary.