

Case Number:	CM14-0017389		
Date Assigned:	04/14/2014	Date of Injury:	09/12/2012
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
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 Family Practice and is licensed to practice in Texas. 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 44 year old male who reported an injury on 09/12/2012 after he lowered a wall without supporting himself properly. The injured worker sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, activity modifications, the use of a transcutaneous electric nerve stimulation unit, and medications. As of 07/22/2013, the injured worker's medication schedule included Relafen 750 mg, omeprazole 20 mg, and Norco 10/325 mg. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 07/11/2013. It was documented that the injured worker had ongoing lumbar pain. Physical findings included a pelvic tilt with the right side being higher and a longer right leg than a left leg with restricted cervical spine range of motion secondary to pain and significant tenderness and tightness of the left trapezius muscle. The injured worker's diagnoses included neck sprain/strain and left shoulder pain with decreased range of motion, chronic low back pain, and apparent scoliosis. The injured worker's treatment plan included an MRI of the left shoulder, MRI of the cervical spine, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180, 1 TAB EVERY 4 HOURS PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does not adequately assess the injured worker's pain level and how medication affects that pain level. Additionally, there is no documentation of significant functional benefit as a result of the injured worker's medication usage. Therefore, continued use would not be supported. As such, the requested Norco 10/325 mg #180 one tablet every 4 hours as needed is not medically necessary or appropriate.