

Case Number:	CM14-0019000		
Date Assigned:	04/23/2014	Date of Injury:	11/30/2009
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Florida. 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 63 year old male who reported an injury on 11/30/2009. The mechanism of injury was reported as lifting heavy containers out of a truck. Based on the documentation provided, the injured worker reported low back and leg pain. The injured worker presented with stiffness and spasms to the lower back. Diagnoses included lumbar disc protrusion and radiculitis of the leg. The request is for Norco 10/325mg. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

Decision rationale: The request for Norco 10/325mg is not medically necessary. In regards to opioid management, the Chronic Pain Medical Treatment Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records submitted for review lack documentation of these factors;

the requesting physician did not provide any recent clinical notes within the provided documentation. In addition, the request does not specify a quantity. As such, the request is not medically necessary.