

Case Number:	CM14-0019396		
Date Assigned:	04/21/2014	Date of Injury:	10/28/2004
Decision Date:	07/02/2014	UR Denial Date:	02/09/2014
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 & 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 53-year-old male who reported an injury on 10/28/2004 after a pallet of plywood fell on his head. Current diagnoses include head injury and back pain. The latest Physician Progress Report submitted for this review is documented on 04/03/2014. The injured worker was status post head injury with multiple spine surgeries. The injured worker reported persistent lower back pain with radiation into bilateral lower extremities. Current medications include baclofen 10 mg, methadone 20 mg, oxycodone 5/325 mg, Valium 5 mg, Lidocaine patch, ibuprofen 800 mg, and carbamazepine. The injured worker reported 7/10 pain. Physical examination revealed normal tone and muscle bulk, diminished strength in bilateral hips, diminished knee extension strength on the right, diminished plantar flexion on the left, diminished range of motion of the cervical spine, diminished range of motion of the lumbar spine, positive straight leg raising bilaterally, positive facet loading maneuver bilaterally, diminished sensation in bilateral upper extremities, and diminished sensation in bilateral lower extremities. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg for an unknown duration. Despite ongoing use of this medication, the injured worker continues to report 7/10 pain. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.