

Case Number:	CM14-0110069		
Date Assigned:	09/16/2014	Date of Injury:	04/14/2005
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 60-year-old female with a reported injury on 04/14/2005. The mechanism of injury was not provided. The injured worker's diagnoses included L4-5 and L5-S1 lumbar degenerative disc disease, chronic low back pain, left sciatic neuralgia, and chronic pain. The injured worker's past treatments included medications, acupuncture, knee brace, and lumbar epidural steroid injections on 10/02/2007, 03/24/2009, 10/01/2010, and 07/27/2011. The injured worker's previous diagnostic testing included a lumbar spine MRI on 12/14/2006 and an NCV/EMG on 06/04/2009. The injured worker's surgical history included a right rotator cuff arthroscopy in the beginning of 2014. The injured worker was evaluated on 07/21/2014 for complaints of moderate low back pain and multijoint arthralgias. The injured worker rated her pain as 7/10 in intensity. The injured worker also reported sciatic neuralgia, which she experienced into the buttock, down the side of the leg, and only occasionally went below the knee to the ankle, primarily on the left. The injured worker also complained of discomfort with repetitive upper extremity activity, but had been trying to modify as best as she was able. The injured worker also reported a knee injury and an injury to her wrists, including carpal tunnel syndrome. The clinician observed and reported motor examination of the lower extremities demonstrated stable strength, no focal weakness was noted except in the gluteus maximus and hamstring, as well as the posterior tibialis. The remaining muscles tested at 5/5. Stable range of motion of the right shoulder was also noted. The clinician planned to start an anti-inflammatory drug and continue the injured worker's medications to include 6 Norco per day. The injured worker's medications included Lyrica 100 mg. 1 to 2 tablets at bedtime and Norco 10/325 mg. no more than 6 per day. The request was for Norco 10/325mg #180, 3 refills. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, 3 refills: 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): 74-80..

Decision rationale: The request for Norco 10/325mg #180, 3 refills is not medically necessary. The injured worker continued to complain of low back pain, multijoint arthralgias, and sciatic neuralgia. The California MTUS Chronic Pain Medical Treatment Guidelines recommend discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances. The provided documentation did not indicate relief of pain or increase in functional ability. There was no mention of adverse side effect or aberrant drug behavior. The request did not indicate a frequency of dosing. 3 refills would not be indicated without assessment of pain and functionality. Therefore, the request for Norco 10/325mg #180, 3 refills is not medically necessary.