

Case Number:	CM14-0112326		
Date Assigned:	08/01/2014	Date of Injury:	03/13/1994
Decision Date:	09/12/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 Texas and Ohio. 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 74-year-old male who reported an injury on 11/23/1995. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar radiculitis, lumbar disc displacement, post laminectomy syndrome, narcotic required to maintain activities of daily living (ADLs), left hip degenerative joint disease, and status post pacemaker. Previous treatments included surgery and medication. Within the clinical note dated 04/03/2014 it was reported the injured worker complained of low back, and bilateral leg pain, which increased with sitting, standing and walking. The injured worker had a limp in the left leg. The injured worker reported the inability to perform ADLs without medication. Upon the physical exam the provider noted the injured worker had increased pain with flexion over 30 degrees. The injured worker had a positive tender low back at L4-S1 on the left. The provider indicated the injured worker to have a positive straight leg raise at 45 degrees on the left and a negative straight leg raise on the right. The injured worker had decreased sensation of the posterior lateral thigh. The provider requested for a refill of Norco for left hip and low back. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary and appropriate.