

Case Number:	CM14-0119682		
Date Assigned:	08/06/2014	Date of Injury:	04/11/2012
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Oklahoma. 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 42-year-old male who reported an injury on 04/11/2012. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine. Prior treatments included physical therapy and a home exercise program. The injured worker had a lumbar discectomy on 03/28/2014. The documentation of 07/22/2014 revealed the injured worker had muscle spasms that resolved with self-massage and soaking. The injured worker was noted to be utilizing hydrocodone daily, and twice a day with a flare up, and tizanidine at bedtime. The objective findings revealed the injured worker had no analgia. The injured worker had minimum guarded movements and minimum pain behaviors. The strength remained slightly diminished with EHL strength of the left lower extremity of 4-5/5 with pain on plantarflexion at the great toe. The diagnosis included disc herniation and neuritis thoracic spine. The treatment plan included physical therapy, resume gabapentin 600 mg (1 twice a day), discontinue hydrocodone/acetaminophen 325 (twice a day to 3 times a day for mild to moderate pain), continue ice, heat, E-stim, and independent exercise program, set up an evaluation for cognitive behavioral therapy and return to the clinic as well as a Thera ball for home use with instructions from physical therapist. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management,opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency and quantity for the requested medication. The duration of use could not be established. Additionally, the documentation indicated the medication was to be stopped. The original date of request was not provided. Given the above, the request for Norco 10/325 is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management,opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency and quantity for the requested medication. The duration of use could not be established. Additionally, the documentation indicated the medication was to be stopped. The original date of request was not provided. This medication request is a duplicate request. Given the above, the request for Norco 10/325 is not medically necessary.