

Case Number:	CM14-0120288		
Date Assigned:	08/06/2014	Date of Injury:	08/04/2010
Decision Date:	09/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 47-year-old female with a reported date of injury on 08/04/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar degenerative disc disease, lumbar discogenic pain, chronic left L4 and left S1 radiculitis, left sacroiliitis, chronic low back pain, myofascial pain, and abnormal gait. Her previous treatments were noted to include physical therapy and medications. The progress note dated 06/09/2014 revealed complaints that the condition was much worse with continuous numbness and tingling to the left leg with a pinching type feeling to the left buttocks, and continuous numbness to the second, third, and fourth toe on the left leg. The injured worker was waiting on an appeal for a second sacroiliac joint injection, as she had excellent relief from the first 1. The physical examination revealed decreased range of motion and pain with palpation of the lower paraspinal areas as well as left buttocks and sacroiliac joint. The patellar deep tendon reflexes were 2+ and symmetric. The Achilles deep tendon reflexes were 1+ and symmetric. The motor strength was rated 5/5 on her right lower extremity and 4+/5 on the left lower extremity. There was decreased sensation on the anterior lateral side of her left thigh, the top of her foot, and the middle 3 toes of her left foot. The request for authorization form was not submitted within the medical records. The request was for Norco 5/325mg #120 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG, #120: Upheld

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

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

Decision rationale: The request for Norco 5/325MG, #120 is not medically necessary. The injured worker has been utilizing Norco for pain and revealed that her condition had worsened. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation of evidence of decreased pain on a numerical scale with the use of medications. There was a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens. Therefore, due to the lack of documentation regarding evidence of significant pain relief, improved functional status, side effects, and the results of the most recent urine drug screen, the ongoing use of opioids is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.