

Case Number:	CM14-0124397		
Date Assigned:	08/08/2014	Date of Injury:	07/09/2007
Decision Date:	09/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 54-year-old male who reported an injury on 07/09/2007 due to an unspecified mechanism of injury. The injured worker had a history of left leg, foot, and lower back pain. The diagnoses included lumbar sprain/strain, lumbar discogenic disease at the L4-5 and the L5-S1, and lumbar radiculopathy. No diagnostics were available for review. No past treatments were available for review. No pertinent surgeries were available for review. The physical examination dated 05/09/2014 of the lumbar spine revealed spasms with painful range of motion as well as limited range of motion, positive Lasgue's bilaterally, positive straight leg raise on the right at 70 degrees and a positive left leg raise at 60 degrees, with pain noted bilaterally to the L4-5 and L5-S1. Tenderness to palpation over the lumbar paraspinal musculature. The medications included Norco, Anaprox, and Prilosec, with no VAS provided. The treatment plan included a TENS unit, medication regimen, and return in 6-8 weeks for follow-up. The Request for Authorization dated 08/08/2014 was submitted with the documentation. The rationale for the Norco was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, Quantity or Dosage Unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. Per the documentation provided, no evidence of measurable function. Only the time the injured worker has been taking the Norco. No assessment for ongoing management of taking it. Activities of daily living were not addressed. Adverse side effects were not addressed. The request did not address the frequency or dosage. As such, the request is not medically necessary.