

Case Number:	CM14-0130031		
Date Assigned:	08/20/2014	Date of Injury:	06/30/2000
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine 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 patient is a 59-year-old female who has submitted a claim for lumbar sprain/strain, lumbar disc displacement and lumbar radiculitis; associated with an industrial injury date of 06/30/2000. Medical records from 2014 were reviewed and showed that patient complained of low back pain radiating to the lower extremities, weakness of the lumbar spine and inability to sit or stand for a long time. Physical examination showed moderate tenderness in the lumbar spine and myospasm of the lumbar paraspinal muscles. Range of motion of the lumbar spine was decreased. The medical records submitted were handwritten and mostly illegible. Treatment to date has included medications, aquatic therapy and acupuncture. Utilization review, dated 07/31/2014, denied the request for Norco because there was no objective functional improvement aside from improved activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 1 po ever 6hours prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids, specific drug.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since at least January 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request as submitted failed to specify the dose of the drug to be dispensed. Therefore, the request for Norco 1 po every 6 hours prn #120 is not medically necessary.