

Case Number:	CM14-0130395		
Date Assigned:	08/20/2014	Date of Injury:	05/03/2011
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in Pain 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 injured worker is a 42 year old male with a reported date of injury on 5/03/2011. The mechanism of injury was not documented in the records. The diagnoses were low back pain and lumbar fusion. The past treatments included pain medication, physical therapy, and a TENS unit. The CT scan of the lumbar spine on 04/22/2014 revealed L3-L5 fusion with hardware in place. The surgical history included a L3-L5 lumbar fusion on 2013. On 07/01/2014, the subjective complaints were hypersensitivity of the right lumbar paravertebral region. The physical examination noted ham string tightness with sciatic nerve stretch test greater than 80 degrees. The medications included Oxycodone, Diazepam, Lidoderm Patch, and Norco. It is noted the injured worker has been on Norco since at least 06/27/2014. The treatment plan is to continue medications. The rationale was pain relief. The request for authorization form is dated 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Norco 10/325 #180 is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker underwent lumbar fusion surgery in 2013 and has chronic back pain. The notes indicate that the injured worker has been on Norco since at least 06/27/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Additionally the request as submitted did not provide a frequency. Since adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior the request is not medically necessary.