

Case Number:	CM14-0130566		
Date Assigned:	08/22/2014	Date of Injury:	07/17/2002
Decision Date:	10/02/2014	UR Denial Date:	08/05/2014
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 49-year-old male who reported an injury on 07/17/2002. The mechanism of injury was not provided for clinical review. The diagnoses included abdominal wall sprain/strain, lumbar discogenic syndrome, postoperative acute pain, status post spinal cord stimulator, poor coping and myofascial pain. Previous treatments included medications, HEP, TENS unit. Within the clinical note dated 08/04/2014, it was reported the injured worker complained of chronic pain. He rated his pain 4/10 in severity. Upon the physical examination the provider noted the injured worker had tenderness to palpation of the lumbar spine, paravertebral spasms. The injured worker had decreased range of motion of the lumbar spine. The provider noted visible stimulator left hip, surgical scar of the lumbar spine. The provider noted the injured worker was visibly agitated. The medication regimen included MS Contin, Norco, Senna and omeprazole. The provider requested Norco. However, the rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Norco; When to Discontinue Opioids; Criteria For Use Of.

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

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The requested failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.