MAXIMUS Federal Services

Case Number:	CM14-0131310		
Date Assigned:	08/20/2014	Date of Injury:	11/08/2013
Decision Date:	10/14/2014	UR Denial Date:	07/19/2014
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 & Rehabilitation, has a subspecialty in Pain Management 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 male who reported an injury on 11/08/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy and chronic pain syndrome. Past medical treatment consists surgery, physical therapy, use of a TENS unit and medication therapy. Medications include Norco, Cymbalta, Neurontin, Relafen and Sonata. There were no drug screens or urinalyses submitted for review. On 08/05/2014 the injured worker complained of low back pain. Examination revealed that the injured worker had spasms in the paraspinal muscles. Range of motion in all planes was limited, with positive facet loading maneuver. There was severe left thigh atrophy, with numbness in the thigh radiating to the knee. There was left leg lower extremity weakness at 4/5. There was also stiffness in the neck, with limited range of motion. Further examination revealed that the right shoulder had pain with numbness, which radiated to the right hand. The medical treatment plan is for the injured worker to continue the use of Norco 10/325. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

Decision rationale: The California MTUS Guidelines recommend that the lowest possible dose be prescribed to improve pain and function. The California MTUS Guidelines also state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain; least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The submitted documentation did not indicate any side effects the injured worker might have been having with the Norco. Additionally, the efficacy of the medication was not submitted for review. There was no indication of what the injured worker's pain levels were before, during, and after the medication. Furthermore, it was unclear if the Norco was helping the injured worker with any functional deficits. There were no drug screens or urinalysis submitted for review indicating that the injured worker was in compliance with their pain medications. The request as submitted also did not indicate the frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.