

Case Number:	CM14-0133819		
Date Assigned:	08/25/2014	Date of Injury:	04/28/2008
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 41-year-old female who reported an injury after she lost her balance and slipped to avoid falling on 04/28/2008. The clinical note dated 06/02/2014 indicated diagnoses of lumbosacral spondylosis without myelopathy, radiculopathy of the lumbar spine, fibromyalgia/myositis and lumbar spondylosis. The injured worker reported medications helped her remain somewhat functional, but she was not able to do everything she would like to do. The injured worker reported she had learned to live with the pain and was beginning to accept it. The injured worker reported the pain was located at the low back, bilateral legs described as aching, annoying, constant; intense that radiated and was severe. On physical examination of the lumbar spine, palpation of the lumbar facet revealed right side pain at L3-S1 with a palpable twitch, positive trigger points were noted in the lumbar paraspinal muscles. The injured worker's gait appeared to be antalgic with decreased range of motion. The injured worker's treatment plan included refill medications continue activities as tolerated and follow-up with general provider. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Cyclobenzaprine, Norco, and Terocin patch. The provider submitted a request for Norco. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review for Norco 10-325mg #180 (DOS: 06/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List and Criteria for Use Page(s): 91, 78..

Decision rationale: The request for Retrospective Review for Norco 10-325mg #180 (DOS; 06/30/14) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of clinical note dated 07/30/2014. In addition, there is no indication that the use of Norco has resulted in diminished pain levels or functional improvement. Furthermore, the request does not indicate a frequency. Additionally, the injured worker continues to report pain and reports medications do help her remain somewhat functional, but she was not able to do everything she would like to. Therefore, the request is not medically necessary.