

Case Number:	CM14-0138795		
Date Assigned:	09/05/2014	Date of Injury:	10/26/2010
Decision Date:	10/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 10/26/2010. The mechanism of injury was not provided. On 07/18/2014 the injured worker presented with back pain. Upon examination there was tenderness noted over the spinous process, transverse process, sacral promontory, the sacrum, or coccyx. Motor strengths were 5/5 with decreased sensation to the right lateral leg and dorsum. The diagnoses were disorder of the trunk, low back pain, and lumbar post laminectomy syndrome. Current medications included Norco. The provider recommended Norco 10/325 mg with a quantity of 120. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents 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 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Second Appeal- Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing

management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, and evaluation of risk for aberrant drug abuse behavior, and side effects should be evident. There was a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in request as submitted. As such, medical necessity has not been established.