

Case Number:	CM14-0151384		
Date Assigned:	09/19/2014	Date of Injury:	08/10/2011
Decision Date:	10/24/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 61-year-old male who reported an injury on 08/10/2011. The mechanism of injury was not provided. On 09/12/2014, the injured worker presented with complaints of pain to the neck, low back, right shoulder, and knee. Prior therapy included a TENS unit and medications. Medications included Norco, Ultram, and Zanaflex. The diagnoses were chronic low back pain, bilateral leg pain, neck pain, chronic right knee pain, right shoulder pain, dermatitis from knee brace, left knee pain, and bilateral upper and right carpal tunnel syndrome and suggestive of bilateral S1 radiculopathy. A current physical examination was not provided at the time of this note. The provider recommended Norco 5/325 mg; the provider's rationale was not provided. The Request for Authorization form 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 5/325MG: Upheld

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

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

Decision rationale: 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, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behaviors, and side effects. The efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established for the request.