

Case Number:	CM14-0156442		
Date Assigned:	09/26/2014	Date of Injury:	02/05/2010
Decision Date:	11/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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 57-year-old male, who reported injury on 02/05/2010. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar discogenic disease with radiculitis, chronic low back pain, thoracic spine sprain/strain, thoracic discogenic disease, and history of abdominal hernia. The injured worker's past treatments included medications. In the clinical note dated 08/06/2014, the injured worker complained of chronic low back pain, dorsal spine pain, cervical spine pain, abdominal pain, history of abdominal hernia repair, and right rib pain. The injured worker had painful and limited range of motion to the lumbar spine, positive straight leg raise on the right, and motor strength that appeared intact to L3-S1. The injured worker's medications included Restoril 30 mg at bedtime and Norco 10/325 two tablets 3 times a day. The request was for Norco 10/325 #180. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The injured worker is diagnosed with lumbar discogenic disease with radiculitis, chronic low back pain, thoracic spine sprain/strain, thoracic discogenic disease, and history of abdominal hernia. The injured worker complained of chronic low back pain, dorsal spine pain, cervical spine pain, abdominal pain, and right rib pain. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Norco 10/325mg #180 is not medically necessary.