

Case Number:	CM14-0162990		
Date Assigned:	11/03/2014	Date of Injury:	11/28/2012
Decision Date:	12/08/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine 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 35 year-old male with the date of injury of 11/28/2012. The injured worker presents with pain in her lower back, radiating down her legs with tingling or numbing sensations. The injured worker presents limited range of lumbar motion, especially her forward bending and extension. Examination reveals positive sitting slump test and straight leg raising. The injured worker is not working. The injured worker is currently taking Norco and Tizanidine. According to [REDACTED] report on 08/19/2014, diagnostic impressions are; 1) diagnosis is lumbosacral radiculopathy 2) lumbar strain and lumbosacral strain with lumbosacral degenerative disk disease The utilization review determination being challenged is dated on 09/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/2014 to 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco dosage and number unspecified, 1 tablet every 4-6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: The request is for Norco, dosage and number unspecified. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician's report does not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Furthermore, there is no indication of dosage or number of this medication. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the request for Norco is not medically necessary.