

Case Number:	CM14-0164557		
Date Assigned:	10/09/2014	Date of Injury:	09/17/2013
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 57-year-old male who reported an injury on 09/17/2013. The mechanism of injury was not provided. On 03/24/2014, the injured worker presented with low back pain. Upon examination, there was a positive SI joint compression test and 1+ reflexes bilaterally to the patella and tendon. There was intact sensation to light touch in the L3-S1 dermatomes bilaterally. The diagnosis was sprains and strains of the lumbar spine. Current medications include Oxycodone. The provider recommended Norco 10/325 mg with a quantity of 120; 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 10/325 mg, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, and 91.

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

Decision rationale: The request for Norco 10/325 mg #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, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, there is no evidence of treatment history and length of time the injured worker has been prescribed Norco and the efficacy of previous use of the medication. The provider does not specify a frequency of the medication in the request as submitted. As such, this request is not medically necessary.