

Case Number:	CM14-0173640		
Date Assigned:	10/24/2014	Date of Injury:	12/30/1997
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 54-year-old male who reported injury on 12/30/1997. The mechanism of injury was not submitted for review. The injured worker has diagnoses of osteoarthritis of the hand, congenital spondylosis of the lumbosacral region, lumbosacral spondylosis without myelopathy and osteoarthritis of the lower leg. Past medical treatment consists of surgery, physical therapy, ESIs, and medication therapy. Medications to include Norco 10/325 mg and ibuprofen 800 mg. No diagnostics were submitted for review. On 07/21/2014, the injured worker complained of lower back pain. Physical examination of the lumbar spine revealed range of motion was abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, 15 degrees of left lateral flexion, 10 degrees of right rotation and 10 degrees of left rotation. The injured worker had pain with lumbar spine range of motion testing. Straight leg raising in supine position on the right 90 degrees negative and left 90 degrees was negative. Sitting straight leg raise on the right was negative and negative on the left. Patrick's test was positive bilaterally. Lower extremity neurologic examination of the reflexes revealed knee right 2+, left 2+, ankles right 2+, and left 2+. Babinski's sign right was negative, and left was negative. Clonus was negative bilaterally. There was tenderness to palpation over the bilateral lumbar paraspinals. It was also noted that there was tenderness to palpation over the lumbar facet joints. The treatment plan is for the injured worker to continue to use of medication therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Norco 10325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NorcoCriteria for use of OpioidsWhen to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75,78.

Decision rationale: The request for 1 prescription Norco 10/325mg #120 is not medically necessary. California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalent per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. Additionally, progress note dated 10/28/2013 indicated that the injured worker had been on the medication since at least this time. There was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there was no indication of the injured worker having reported any side effects or lack of side effects. Given the above, the injured worker is not within recommended MTUS Guidelines. As such, the request is not medically necessary.