

Case Number:	CM14-0174313		
Date Assigned:	10/28/2014	Date of Injury:	09/30/2009
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 42 year old male who reported an injury on 09/30/2009 due to an unknown mechanism. Physical examination dated 09/29/2014 revealed complaints of low back pain that was moderate. Occasional pain radiated down the left lower extremity. Examination of the lumbar spine revealed flexion was to 40 degrees, extension was to 20 degrees, lateral left flexion was to 25 degrees, and right lateral flexion was to 25 degrees. There was tenderness to palpation of the lumbar spine and hypertonicity. The clinical examination note was handwritten and extremely illegible. Diagnoses were lumbar spine musculoligamentous injury with discopathy, lumbar spine radiculitis to the left lower extremity, and lumbar spine sprain/strain. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325mg #60: 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 decision for hydrocodone/acetaminophen (Norco) 10/325 mg 1 PO Q12h prn/pain quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. Therefore, this request is not medically necessary.

Norflex 100 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The decision for Norflex 100 mg 1 PO TID quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. Therefore, this request is not medically necessary.