

Case Number:	CM14-0177757		
Date Assigned:	10/31/2014	Date of Injury:	07/13/2009
Decision Date:	12/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventative (Occupational) Medicine and is licensed to practice in Massachusetts, New Hampshire and New York. 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 38-year-old male who reported an injury on 07/13/2009; the mechanism of injury was not provided. On 02/12/2014, the injured worker presented with complaints of upper back pain, middle back pain, bilateral lower back pain, and right lower extremity pain. Current medications included Celebrex, Cymbalta, fentanyl, Norco, Nucynta, Pristiq, and Nortriptyline. Upon examination, the patient had an awkward gait and limp. Examination of the cervical spine noted no cervical lordosis and restricted range of motion. Examination of the lumbar spine noted no scoliosis and tenderness to palpation over the paravertebral muscles bilaterally. There was a positive right sided straight leg raise. There was decreased sensation to the bilateral lower extremities in the L4 and L5 dermatomes. The diagnoses were left shoulder impingement, cervical radiculopathy, and spondylolisthesis over the L5-S1, and left spastic hemiparesis. The provider recommended Norco 10/325 mg #120 and 5 refills. 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 #120 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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 and 5 refills is not medically necessary. The California MTUS recommends the use of opioids in the 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 documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, there was no information on treatment history and length of time the patient has been prescribed Norco. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, The Norco 10/325 MG #120 with 5 Refills is not medically necessary.