

Case Number:	CM14-0178453		
Date Assigned:	10/31/2014	Date of Injury:	03/27/2013
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 63-year-old male who reported an injury when he was carrying an 80 pound tree and then dropped it on 03/27/2013. On 10/17/2014, his diagnoses included degeneration of lumbar/lumbosacral disc, sacrum disorders and diabetes mellitus. His complaints included chronic low back pain rated 8/10. He stated that pushing, pulling, and lifting aggravated his pain. His pain interfered with his activities of daily living. He reported that his medications helped reduce his pain 20% to 30%, and he was able to walk further and exercise more with less pain. His medications included Celebrex 100 mg, omeprazole 20 mg, Norco 10/325 mg, docusate 100 mg, loratadine 10 mg, metformin 1000 mg, pravastatin 20 mg, and terazosin 10 mg. The Norco was being taken as needed for pain. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

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
Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, or quantified efficacy. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #60 was not medically necessary.