

Case Number:	CM14-0025805		
Date Assigned:	06/13/2014	Date of Injury:	07/08/2002
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Anesthesiology 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 52 year old male who had a work related injury on 07/08/02. Mechanism of injury was not documented. The injured worker was treated with physical therapy, acupuncture, and medications. His diagnosis is failed back pain syndrome. Lumbosacral disc injury. Lumbosacral radiculopathy. History of lumbosacral fusion in 2003. History of lumbosacral hardware removal in 2004. The injured worker was taking Norco 10/325 three times a day and Relafin for pain control. Physical examination, decreased lumbar range of motion. Strength 5/5 in lower extremities. Positive straight leg raise bilaterally. Reflexes 2+ in lower extremities. Decreased sensation in lower extremities. There was one urine drug screen, consistent with medications prescribed. Found only one progress note that showed a visual analog scale score, and mention of functional improvement. Most recent document dated 06/06/14. Revealed the injured worker still had severe pain and discomfort involving low back and legs. On medication the pain level went from 8/10 to 10/10, down to a 6/10 on the visual analog scale, also allowed him to function, and provide self-care activities. Prior utilization review on 02/25/14 was non-certified. Current request was for prospective prescription for Norco 10/325 #60 with one refill. Prospective request for one prescription of Relafin 500mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG # 60 WITH 1 REFILL: 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): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for prospective prescription for Norco 10/325 #60 with one refill is not medically necessary. The clinical documentation submitted for review as well as the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines do not support the request for Norco 10/325. No documentation of functional improvement or significant decrease in pain. Therefore, medical necessity has not been established.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF RELAFEN 500MG # 30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAID's.

Decision rationale: The request prospective request for one prescription of Relafen 500mg #30 with one refill is not medically necessary. The clinical documentation submitted for review as well as the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines do not support the request for Relafen. No documentation of functional improvement or significant decrease in pain. Therefore, medical necessity has not been established.