

Case Number:	CM14-0027872		
Date Assigned:	06/16/2014	Date of Injury:	09/12/2011
Decision Date:	08/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 60-year-old female who reported injury on 09/12/2011. The mechanism of injury was not provided. On 08/14/2013, the injured worker presented with pain rated on a scale of 8/10. Medications included Ambien, Lidoderm, Omeprazole, Lunesta, and Norco. Upon examination of the lumbar spine, there was loss of normal lordosis with straightening of the lumbar spine, range of motion restricted with flexion and extension due to pain. There was tenderness and spasm upon palpation over the paravertebral muscles with tight muscle band noted bilaterally. There was positive lumbar facet loading and tenderness over the sacroiliac spine. Treatments included medication. The provider recommended Norco 10/325mg with a quantity of 60. The provider's rationale was not provided. The request for authorization form was not included in the clinical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Opioids.

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment and the injured worker's pain level, functional status, evaluation for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 08/2013, the efficacy 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 request is not medically necessary.