

Case Number:	CM14-0028779		
Date Assigned:	06/16/2014	Date of Injury:	09/22/2011
Decision Date:	08/13/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 49-year-old male who reported an injury on 09/22/2011. He was pulling on a hose when a rock bounced off a conveyor and struck his right shoulder and right ankle. On 05/22/2014, the injured worker presented with low back pain radiating to the bilateral sacral area and lower extremities. Upon examination, there was tenderness over the bilateral SI joints and bilateral facet joints at the level of L3-4, L4-5, and L5-S1. There was also diminished range of motion to the lumbar spine. The diagnoses were lumbar spine degenerative disc disease at L1-5 with posterior bulging of discs at the L3-S1 levels, bilateral sacroiliac joint arthropathy, lumbar spine spondylosis, and lumbosacral paraspinal muscle spasm. Current medications include Norco, Naprosyn, tizanidine, and Gabapentin. The provider recommended Norco for breakthrough pain. The Request for Authorization Form was dated 05/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG. #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 request for Norco 10/325 mg with a quantity of 60 is not medically necessary. 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. The included medical documents lack evidence of an objective assessment and the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Norco since at least 10/2013, and 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.