

Case Number:	CM14-0029753		
Date Assigned:	06/11/2014	Date of Injury:	06/20/2007
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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 Illinois. 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 55-year-old male who reported an injury on 06/20/2007 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/04/2013 for reports of bilateral low back pain rated at 3/10 at present, worst at 7/10. The injured worker also reported stiffness and spasm in the low back. The exam noted tenderness over the paraspinal muscles and overlying facet joints and sacroiliac joints. Trigger points were noted over the middle and lower paraspinal regions. The diagnoses included lumbago and degeneration of the lumbar intervertebral discs. The treatment plan included medication therapy and a chiropractic referral. The exam further indicated that opioids were documented to increase the injured worker's functional level without significant adverse effects. The Request for Authorization was not noted in the documentation provided. The rationale was documented in the injured worker's evaluation as the medication increased the patient's functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5 MG/325 MG #120, WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, Section Opioids, dosing Page(s): 90, 76, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 5 mg/325 mg #120, with 5 refills is non-certified. The California MTUS Guidelines may recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence of an objective assessment of the injured worker's pain level or risk for aberrant drug use behavior. Furthermore, the request does not indicate the frequency of the medication. The request for 5 refills would not allow for the evaluation of the efficacy of this medication. Therefore, based on the documentation provided, the request is non-certified.