

Case Number:	CM14-0030162		
Date Assigned:	06/20/2014	Date of Injury:	05/12/2004
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas and New York. 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 on 03/14/1996. The mechanism of injury was not provided for clinical review. The clinical note dated 04/28/2014 reported the injured worker was not doing well. He walked in hunch over, and seemed down. The injured worker reported taking pain medication or any real numbness just all in the lumbar spine area and lower back. On the physical exam, the provider indicated the injured worker to have tenderness on his back. He indicated the injured worker to have 1+ edema bilaterally in his lower extremities. The diagnosis included chronic low back pain disease. He requested for Norco 7.5/325 mg #180. However, the rationale was not provided for review. The Request for Authorization was provided and submitted on 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #180: 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of not feeling well. He came into the office hunched over and was feeling down. The injured worker complained of lower back pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines noted pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with the issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. There was lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of the urine drug screen was not provided in the documentation submitted. Therefore, the request for Norco 7.5/325 mg is not medically necessary.