

Case Number:	CM14-0033054		
Date Assigned:	05/05/2014	Date of Injury:	05/02/2007
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 05/02/2007. The mechanism of injury was not provided. The clinical note dated 04/09/2014 reported the injured worker complained of low back pain. She also reportedly noted previous physical therapy was helpful and walking was limited due to pain. The physical examination revealed range of motion to the lumbar spine to include 35 degrees flexion and 0 degrees extension with mild pain and paraspinal spasms. The injured worker's motor strength was rated 5/5 bilaterally in the quadriceps and hamstrings. The diagnoses included status post hardware removal, status post lumbar fusion, resolved radiculopathy, chronic back pain, and right sacroiliitis. The treatment plan included additional therapy and strengthening, a home exercise program, and prescriptions for Ultracet and Soma. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG: 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 Page(s): 78.

Decision rationale: The request for Norco 5/325mg is denied. According to the California MTUS Guidelines, the ongoing management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend documentation addressing the 4A's of ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Within the clinical information, provided for review, there is a lack of documentation indicating the injured worker utilizes this medication or has had significant quantifiable objective functional improvement with the medication, as well as the requesting physician did not include an adequate and complete assessment of the injured workers pain. In addition, there is a lack of documentation addressing whether the injured worker displayed aberrant drug behavior or side effects of this medication and the request did not provide the frequency, duration or quantity of medication. Therefore, the request for Norco 5/325mg is denied.