

Case Number:	CM14-0033672		
Date Assigned:	06/20/2014	Date of Injury:	09/12/2002
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Minnesota. 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 66-year-old male who reported an injury on 09/12/2002. The clinical documentation submitted for review indicated the injured worker's medical history included Soma 350 mg 4 a day, Norco 10/325 mg every 6 hours, and lisinopril 20 mg as of 2008. The other therapies were H-Wave per the documentation. The documentation of 02/07/2014 revealed the injured worker had complaints of low back pain. The diagnoses included lumbar spine DJD and DDD, lumbar spine radiculitis, diabetes, and hypertension. The treatment plan included continuation of the same medications and return in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates as a treatment for chronic pain. There should be documentation of objective functional improvement and documentation of objective functional benefit as well as documentation the injured worker is

being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2008. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #120 is not medically necessary.

Complete Blood Count (CBC) with Diff: 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 NSAIDS, page 70 Page(s): 70.

Decision rationale: The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There was lack of documented rationale for the requested service. Given the above, the request for a Complete Blood Count (CBC) with Diff is not medically necessary.