

Case Number:	CM14-0035867		
Date Assigned:	07/09/2014	Date of Injury:	06/10/2013
Decision Date:	08/14/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 and 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 54-year-old male who reported an injury on 06/10/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back and right lower extremity. The injured worker was evaluated on 02/04/2014. It was noted that the patient complained of low back pain radiating into the right lower extremity. Objective findings included decreased range of motion of the lumbar spine with decreased strength and sensation rated at a 4 out of 5 in the right L4-L5 and S1 dermatomal and myotomal distributions. It is documented that the injured worker was taking Norco twice a day to reduce pain from 8 out of 10 to a 5 out of 10. A request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco med as stated appropriate is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient is

taking Norco with a reduction in pain from a 8 out of 10 to a 5 out of 10. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief and evidence that the patient is monitored for aberrant behavior. The clinical documentation does support that the patient receives significant pain relief from medication usage. However, specific functional improvement resulting from that pain relief was not provided. Furthermore, there is no documentation that the patient is regularly monitored for aberrant behavior. Additionally, the request as it is submitted does not specifically identify a dosage, frequency, or quantity. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Norco med as stated appropriate is not medically necessary or appropriate.