

Case Number:	CM14-0037324		
Date Assigned:	06/25/2014	Date of Injury:	12/18/2008
Decision Date:	08/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/27/2014

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 Nevada. 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 records presented for review indicate that this 32 year-old individual was reportedly injured on 12/18/2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/17/2014 indicates that there are ongoing complaints of low back and leg pain. The physical examination demonstrated lumbar spine: decreased range of motion, motor strength 5/5 in the lower extremities, positive straight leg raise and a well healed surgical scar in the back region. No recent diagnostic studies are available for review. Previous treatment includes prior surgery, physical therapy, medications and conservative treatment. A request had been made for Norco, Motrin and was granted in the pre-authorization process on 3/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noro no dose, strength or frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines supports short-acting opiates

for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic low back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. Also the medical documentation does not have the medications dose and frequency. Therefore, this request is not medically necessary.

Motrin no dose, strength or frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: Motrin is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. However, after reviewing the medical records there is no listing of medication dose and frequency. Therefore, the request is not medically necessary.