MAXIMUS Federal Services

Case Number:	CM14-0043778		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2002
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 55-year-old female who reported an injury on 10/15/2007. The mechanism of injury was not provided. The clinical note dated 02/07/2014 noted the injured worker presented with lumbar spine pain, especially over the left SI joint, radiating down the back of the left leg. Medications and compound cream have been said to be helpful. Upon examination of the lumbar spine, there was a well healed scar, with tenderness to palpation over the left SI joint with a positive FABERE and a positive Patrick's sign. A urine drug screen dated 02/18/2014 was inconsistent. The provider's rationale for the request was not provided. The Request for Authorization was dated 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #240 is not medically necessary. The California MTUS recommends the use opioids for ongoing management of chronic low back

pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evidenced. The injured worker has been prescribed Norco since at least 01/2014. The urine drug screen dated 02/07/2014 was inconsistent. The noncompliance of the medication regimen was not addressed in the documentation provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and side effects. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

Percocet 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #180 is not medically necessary. The California MTUS recommends the use opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evidenced. The injured worker has been prescribed Norco since at least 01/2014. The urine drug screen dated 02/07/2014 was inconsistent. The noncompliance of the medication regimen was not addressed in the documentation provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and side effects. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

Ultram 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

Decision rationale: The request for Ultram 150mg #90 is not medically necessary. The California MTUS recommends the use opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evidenced. The injured worker has been prescribed Norco since at least 01/2014. The urine drug screen dated 02/07/2014 was inconsistent. The noncompliance of the medication regimen was not addressed in the documentation provided. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, and side effects. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.