

Case Number:	CM14-0043984		
Date Assigned:	07/02/2014	Date of Injury:	06/26/1999
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/10/2014

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 Texas and Oklahoma. 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 53-year-old male with a reported date of injury on 06/26/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included postlaminectomy, lumbosacral spondylitis, lumbalgia, opioid type dependence, and disorders of the sacrum. Past treatment includes radiofrequency ablation, other conservative care was not provided within the documentation available for review. Diagnostic studies were not provided within the documentation available for review. Previous surgical history includes laminectomy. The injured worker presented with low back pain rated at 4/10 which was characterized as sharp, dull, throbbing, electricity and pins and needles. The injured worker presented with steady gait, increased pain with weight-bearing extension and axial rotation. The injured worker's medication regimen included methadone, Norco, Soma and Topamax. Norco was prescribed for breakthrough pain. The request for authorization for Norco 10/325 mg #210 for low back injury was submitted on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210 for low back injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Guidelines indicate that the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The clinical information provided lacks documentation related to ongoing review of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. In addition, the clinical information indicates that there were urine drug screens utilized; the results of which were not provided within the documentation available for review. The request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #210 for low back injury is not medically necessary.