

Case Number:	CM14-0044654		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2009
Decision Date:	08/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 30-year-old female who reported injury on 01/10/2009. Her therapies included acupuncture and medications. The injured worker was noted to be taking opiates since at least 09/2013. Mechanism of injury was the injured worker bent down to stock some candy and developed low back pain and left leg pain. Prior treatments included NSAIDS, physical therapy, and activity modifications. Other therapies included an ankle foot orthosis (AFO) for the left foot. The diagnosis included sciatica. The documentation of 02/19/2014 revealed the injured worker had increased pain and discomfort involving the low back and leg. The injured worker indicated that the functional restoration program had been helpful. The injured worker had decreased lumbosacral range of motion and had difficulty getting onto the examination table and off the examination table. The injured worker was crying throughout the examination. The injured worker was noted to have difficulty walking and could not walk without support. The treatment plan included a functional restoration program and medications as well as a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 TID: 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 (Ongoing Management) Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain. There should be 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 utilized the medication for at least 5 months. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Norco 10/325 mg 3 times a day is not medically necessary.