

Case Number:	CM14-0046172		
Date Assigned:	07/02/2014	Date of Injury:	08/10/2011
Decision Date:	12/03/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 66-year-old female with complaints of low back pain. The date of injury is 08/10/11 and the mechanism of injury was that the chair slipped away from her. At the time of request for Norco 5/325 mg # 40, there is subjective (continued pain and discomfort to the lower back) and objective (she presented in no distress, and exhibited difficulty with rising from sitting. Posture was erect. Gait was within normal limits. She moved about gingerly.) There are findings, imaging/other findings (CT scan of the lumbar spine and sacrum were done on 11/29/11 but no detailed information was submitted with the clinical records.), current medications (Norco), diagnoses (lumbar sprain/strain, lumbago, thoracic/lumbosacral neuritis or radiculitis, depressive disorder, and anxiety), and treatment to date (conservative care with little relief, medications which helped with pain, physical therapy, and acupuncture helped little in pain relief). There were illegible handwritten notes and no detailed information about therapies, diagnostic studies, surgeries, medications and their function in improvement. The request for Norco 5/325 mg # 40 was partially certified for Norco 5/325 mg #20 on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg # 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, the request for Norco 5/325 #40 is not medically necessary.