

Case Number:	CM14-0049066		
Date Assigned:	06/25/2014	Date of Injury:	04/27/2005
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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 California and Washington. 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 45-year-old female who reported an injury on 04/27/2005. She was reportedly hit in the head with a lunchbox that had a frozen coolant inside and caused her to fall unconscious. On the clinical noted dated 01/07/2014, it noted the injured worker presented with stable headaches, seizures, and memory loss. The medication included Ambien, Synthroid, Pennsaid, topiramate, and butorphanol tartrate. Upon examination, the injured worker's motor strength was 5/5 in all extremities with normal tone, deep tendon reflexes are 2+ and symmetrical, normal sensory for the bilateral upper and lower extremities, and no limitations to range of motion. The provider requested Norco 10/325 mg; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

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

Decision rationale: The California MTUS recommended the use of 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 evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The provider noted that the injured worker has been stable with current medication and should continue the same medication. There has been no change in pain level or objective functional deficits that would warrant the need for additional medication. In addition, the provider's request did not indicate the quantity or frequency of the requested medication. As such, the request is not medically necessary.