

Case Number:	CM14-0049072		
Date Assigned:	06/25/2014	Date of Injury:	08/14/2001
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 54-year-old male with a reported date of injury of 08/15/2001. The injury reportedly occurred while the worker was performing his duties as a security guard. The injured worker presented with lumbar pain. Upon physical examination, the injured worker presented with spasm, decreased lordosis and stiff range of motion, positive for crepitus, and positive leg raise bilaterally. Previous physical therapy and conservative care was not provided within the documentation available for review. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to 2005. The injured worker's diagnosis included lumbar spine sprain/strain. The injured worker's medication regimen included Norco and fentanyl. Request for Authorization for Norco 10/325 #180 was not submitted. The rationale for the request was not provided within the documentation available 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, #180: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend 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. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to 2005. There is a lack of documentation related to the therapeutic or functional benefit in the long term utilization of Norco. The clinical information provided for review lacks documentation related to the injured worker's previous physical therapy and conservative care. There is a lack of documentation related to functional deficits to include range of motion values. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg #180 is non-certified.