

Case Number:	CM14-0050464		
Date Assigned:	07/07/2014	Date of Injury:	06/14/2006
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 and is licensed to practice in California. 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 37-year-old male who reported an injury on 06/14/2006. The injury reported was when the injured worker utilized a dolly to take a keg of beer up a flight of stairs while making a delivery. The diagnoses included failed back surgery, coat degeneration of the lumbar, facet arthropathy, atrial cardioversion, pain due to trauma, insomnia, muscle spasms, depression. Previous treatments include medication, trigger point injections, and MRI. Within the clinical note dated 11/26/2013, it was reported the injured worker complained of moderate to severe back pain. The injured worker reported the pain radiated to the left foot and left thigh. The injured worker described the pain as an ache, burning, deep, and discomforting, numbness, piercing, sharp, shooting, and stabbing. The injured worker rated his pain 10/10 without medication and 6/10 with medication. Within the physical examination, the provider noted tenderness to palpation of the facet paraspinal, lumbar. The injured worker had a positive straight leg raise while on his back only. The provider requested for a refill on Norco. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78.

Decision rationale: The injured worker described the pain as an ache, burning, deep, and discomforting, numbness, piercing, sharp, shooting, and stabbing. The California MTUS Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of the urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete physical examination. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 11/2013. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.