

Case Number:	CM14-0061469		
Date Assigned:	07/09/2014	Date of Injury:	01/08/2004
Decision Date:	09/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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 34-year-old male who reported an injury on 01/08/2004. The mechanism of injury was not specifically stated. The current diagnoses include lumbar disc herniation, left S1 radiculopathy, left L4-5 annular tear, and postoperative headaches. The injured worker was evaluated on 06/06/2014 with complaints of severe lower back pain with ongoing headaches and difficulty with speech. The current medication regimen includes Norco 10/325 mg. The injured worker currently utilizes a cane for ambulation assistance. Physical examination revealed a forward flexed posture, intact surgical scar, ongoing tenderness to palpation in the left L5-S1 paraspinals, limited lumbar range of motion, normal motor strength, intact sensation, and positive slump testing on the left. Treatment recommendations included continuation of the current medication regimen. A DWC Form RFA was then submitted on 06/06/2014 for Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #155: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has utilized this medication since 01/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.