MAXIMUS Federal Services

Case Number:	CM14-0065010		
Date Assigned:	07/11/2014	Date of Injury:	10/27/2006
Decision Date:	09/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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 59 year old male who reported an injury on 10/27/2006. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar strain, lumbar radiculopathy, and degeneration of lumbar or lumbosacral intervertebral disc. Previous treatments included medication. Within the physical exam 02/27/2013 it was reported the injured worker complained of pain in his back. The injured worker utilized a cane for walking. He complained of radiculopathy down both legs. He rated his pain 9 out of 10 in severity. Upon the physical examination, the provider noted the injured worker had tenderness to palpation of the paraspinal muscles at L5 bilaterally. Forward flexion was noted to be at 30 degrees. The provider requested Norco 10-325 mg #90. However, a rationale is 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 10/325 mg #90 sig 1 po every six hours prn for pain.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation for pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by the significant functional improvement. The injured worker has been utilizing the medication since at least 01/2008. The provider failed to document an adequate and complete pain assessment. Additionally, there is a lack of documentation indicating a urine drug screen. Therefore the request for Norco 10/325 #90 1 by mouth every six hours as needed for pain is not medically necessary.