MAXIMUS Federal Services

Case Number:	CM14-0074000		
Date Assigned:	07/16/2014	Date of Injury:	05/03/2012
Decision Date:	10/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 49-year-old male who reported injury on 05/03/2012 caused by an unspecified mechanism. The injured worker's treatment history included medications, MRI studies, and physical therapy sessions. The injured worker had a urine drug screen that was positive for opioid usage on 05/07/2014. The injured worker was evaluated on 05/07/2014 and it was documented that the injured worker complained of severe pain in the lower back with radicular symptoms to the right leg. The injured worker had difficulty with prolonged sitting, standing and walking. Objective findings revealed lumbar spine range of motion; flexion was 50 degrees, extension was 20 degrees, right/lateral bending was 20 degrees. Straight leg raise was positive at 75 degrees on the right and positive at 75 degrees on the left. There was tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There was hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatomal level, bilaterally. There was weakness with big toe dorsiflexion and picked to plantar flexion, bilaterally. Reflexes of the right knee were 2+ and left were 2+, the right ankle was 1+ and left was 1+. Diagnoses included lumbar strain, herniated lumbar disc with radiculitis/radiculopatpidural injection with transient relief from positive MRI, and left inguinal hernia repair. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mgm #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81, 91-92.

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to indicate pain relief using VAS scale measurement before and after Norco taking by the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Norco 10/325mgm #120 with 1 refill is not medically necessary.