

Case Number:	CM14-0078956		
Date Assigned:	07/18/2014	Date of Injury:	04/01/2014
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 injury on 04/01/2014 due to a forklift he was driving, was hit by a bigger forklift that accidentally hit him, causing him to jerk severely. The injured worker complained of lower back pain. The injured worker had a diagnosis of low back pain. The diagnostics included an x-ray of the lumbar spine revealed decreased disc space narrowing at the L5-S1. The past treatment included medication. Objective findings dated 04/18/2014 of the lumbar spine revealed tight paraspinals bilaterally, full range of motion, deep tendon reflexes normal, and straight leg raise negative. Medication included prednisone, Flexeril, and Norco. No VAS provided. The treatment plan was physical therapy and medications. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the Norco was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325mg #30 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of the efficacy of the Norco. No measurable functional deficit noted, activities of daily living, or adverse side effects. The request did not have the frequency. As such, the request is not medically necessary.