

Case Number:	CM14-0079916		
Date Assigned:	07/18/2014	Date of Injury:	03/08/2002
Decision Date:	08/25/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/30/2014

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 Medicine 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 69-year-old female who reported an injury on 03/08/2002 secondary to being struck by a trash can. The injured worker was evaluated on 06/23/2014 for reports of low back pain. The exam noted restricted motion due to the injured worker's painful symptoms. A muscle spasm was noted to be present. The diagnoses included status post cervical fusion at C4-7 and C4 to T1, small central disc herniation at C3-4, status post laminectomy and discectomy of the lumbar spine and status post anterior posterior lumbar spinal fusion. The treatment plan included Norco for moderate to severe pain. The patient was reported to use it periodically for more severe pain episodes and denied adverse effects. The Request for Authorization was not provided. The rationale in the office notes was noted to be for periodic use of severe pain episodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for 1 prescription for Norco 10/325 mg quantity not specified is not medically necessary. California MTUS Guidelines may recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a significant lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors. Furthermore the specific dosage, frequency, and quantity was not provided in the request. Therefore, due to the significant lack of clinical evidence of an evaluation of the injured worker's pain level, functional status, and risk for aberrant drug use behaviors, and the request not indicating the specific dosage, frequency, and quantity being prescribed, the request for 1 prescription for Norco 10/325 mg quantity not specified is not medically necessary.