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| Case Number: | CM14-0080370 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 08/24/2006 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 67-year-old male who reported an injury on 08/24/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 08/15/2014 indicated diagnoses of compression fracture L1, possible mild compression fracture L2, and multiple level facet disease of the lumbar spine. The injured worker reported bilateral neck pain and bilateral low back pain. With medication, the injured worker rated his pain 3/10. Without medication, the injured worker rated his pain 8/10. The injured worker reported taking his medication as prescribed and reported medications were effective. The injured worker reported no medication abuse and reported Norco adequately controlled his pain level and he was happy with the relief it provided him. On physical examination of the lumbar spine, range of motion was restricted with flexion, extension, lateral rotation to the left, and lateral rotation to the right. There was tenderness to the paravertebral muscles bilaterally. The injured worker's treatment plan included authorization for Norco and return to clinic after 3 months. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Norco. The provider submitted a request for Norco. The Request for Authorization dated 04/15/2014 was submitted; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines 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. Although the injured worker reported Norco adequately controls his pain level, there is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.