

Case Number:	CM14-0081764		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2005
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 and 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 51 year old male who reported an injury after he slipped and fell 02/15/2005. The clinical note dated 07/15/2014 indicates diagnoses of erectile dysfunction, insomnia, dysphagia, constipation, abdominal pain, emesis, anemia, headache, sleep disorder, capsulitis left, dysphagia, other testicular hypofunction, neck pain, and back pain. The injured worker reported problems with daily headaches which he called migraines. He reported he saw black and white spots in his vision, and had pain in his neck, left arm, low back, and right lower extremity. On physical examination, the injured worker complained of loss of appetite, nausea, and vomiting. The injured worker had muscle cramps, joint pain, joint swelling, back pain, muscle weakness, arthritis, and muscle aches. The injured worker reported poor balance, numbness, tingling, and tremors. The injured worker complained of anxiety and depression. On physical examination, the shoulder had limited range of motion and tenderness to the paraspinal muscles. The injured worker's pain pump was in the lower abdominal wall and did not appear inflamed or tender. The injured worker had stiffness and tenderness to the back paraspinal muscles and a positive straight leg raise bilaterally. The injured worker's treatment plan included continuous supportive care. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Viagra, Ultracet, Ondansetron, Omeprazole, Soma, Mirtazapine, and Xanax. The provider submitted a requested for Norco. A Request for Authorization dated 07/15/2014 was submitted for medication; however, 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 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going 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 lack of significant evidence of an objective assessment of the injured worker's pain level, 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. Moreover, it was not indicated the injured worker had signed an opioid contract. Therefore, the request for Norco is not medically necessary.