

Case Number:	CM14-0084038		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2002
Decision Date:	09/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 60-year-old female who reported an injury on 09/11/2002. The mechanism of injury was the injured worker was walking down stairs and slipped, and when she slipped, she caught herself. The injured worker's medications as of mid-2013 included Norco 10/325 mg tablets. The diagnostic studies were not provided. Other therapies were not provided. The documentation of 05/06/2014 revealed the injured worker had complaints of low back pain. The injured worker was noted to be requesting Toradol injections. The injured worker was noted to have back pain. The injured worker's medications were noted to include Klonopin 1 mg tablets, Lexapro 10 mg tablets, ibuprofen 800 mg tablets, Capsaicin Menthol Camphor 5% cream, Toradol injections, Diclofenac 10% cream, Lunesta 3 mg tablets, MS Contin 30 mg tablets, Ibuprofen 800 mg, and Norco 10/325 mg. The physical examination revealed the injured worker had tenderness of the lumbar spine and facet joints. The injured worker had crepitus and decreased flexion, extension, lateral bending, and rotation. The injured worker had a tender right sacroiliac joint and a positive Patrick's test. The injured worker had tenderness at the joint line and tenderness at the greater trochanter. On the right range of motion, the injured worker had crepitus, decreased flexion and extension, pain with abduction. The injured worker had pain with flexion. The diagnoses included lumbago low back pain, radiculitis in the lumbar and thoracic area, disorder of the coccyx NEC, joint dysfunction, anxiety state, myofascial pain syndrome, fibromyalgia, and depression reactive. The treatment plan included refilling medications and a trial of Lunesta 3 mg every other night. The injured worker was given a Toradol injection. There was a detailed Request for Authorization form submitted 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 1 Po Q 4 Hrs up to 6 per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. Additionally, injured workers should not exceed 120 mg of oral Morphine equivalents per day. The clinical documentation submitted for review failed to meet the above criteria. The daily Morphine equivalent dose would be 195 mg and would exceed Guideline recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Norco 10/325 mg 1 Po Q 4 Hrs up to 6 per day is not medically necessary.