

Case Number:	CM14-0094184		
Date Assigned:	07/25/2014	Date of Injury:	05/10/1999
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain Medicine, 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 51-year-old female who reported an injury on 05/10/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicated diagnoses of failed low back syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release, left shoulder pain status post Arthroscopy, left sided ulnar neuritis, left sided lateral epicondylitis, left sided De Quervain's tenosynovitis, and depression. The injured worker reported persistent neck, left shoulder, and bilateral hand pain rated 8/10 to 9/10, persistent left leg pain rated 9/10 to 10/10, and aching and burning low back pain rated 10/10. The injured worker reported pain and swelling in her fingers after her lumbar fusion. The injured worker reported an acute exacerbation of pain. The injured worker reported she was not attending physical therapy and she was not working. On physical examination of the lumbar spine, the injured worker was able to perform the toe and heel walk. There was tenderness about the lumbar and thoracic paraspinal muscles. The injured worker's range of motion was decreased. There was decreased sensation about the L5 dermatome on the left. The injured worker's treatment plan included medication refills and return to office as needed. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Xanax, Ultram, and Soma. The provider submitted a request for Norco. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, Quantity 90, 1 prn Body part: Lumbar spine;Left Leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Chronic Opioids.

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

Decision rationale: The request for Norco 10/325mg, Quantity 90, 1 prn Body part: Lumbar spine; Left; Leg is not medically necessary. The California MTUS 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 injured worker continues to rate her pain 9/10, 10/10. There is no indication that the use of Norco has resulted in diminished pain levels or functional improvement. Therefore, the request for Norco is not medically necessary.