

Case Number:	CM14-0094925		
Date Assigned:	07/28/2014	Date of Injury:	08/25/2000
Decision Date:	09/22/2014	UR Denial Date:	06/16/2014
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 and 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 71 year old male who reported an injury on 08/25/2000. The mechanism of injury was due to a slip and fall. Diagnoses included lumbago. Past treatments included medications, trigger point injection, and epidural steroid injection. Diagnostic studies included x-rays, multiple MRIs of the lumbar spine, unofficial, and urine drug screens collected on 03/18/2013, 09/09/2013, and 12/30/2013 which showed results consistent with use of hydrocodone. Surgical history included lumbar spine laminectomy and discectomy at the L3-4 and L4-5 region, dates unknown . The clinical note dated 06/09/2014 indicated the injured worker complained of continued low back pain radiating to the left leg, rating the pain 6/10 with medications and 8/10 without medications. Physical exam findings indicated tenderness on palpation to the lumbar spine and facet joints and decreased flexion, extension, and lateral bending. Medications included neurontin 800 mg and Norco 10/325 mg. The treatment plan included Norco 10/325 mg; the rationale for treatment was not provided. The request for authorization form was submitted on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): 78.

Decision rationale: The injured worker complained of chronic low back pain radiating to the left leg. The California MTUS Guidelines state that criteria for the ongoing management of opioid use includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has been taking Norco 10/325 mg since at least 03/18/2013. The most recent clinical note dated 06/09/2014 indicated the injured worker reported pain rated 6/10 with medications. There is no clear documentation over the period of time between March 2013 and June 2014 that the injured worker has had a decrease in pain levels or shown functional improvement. Furthermore the request does not include indicators of time and frequency for taking the medication. Therefore at this time the request for Norco is found to be not medically necessary.