

Case Number:	CM14-0095068		
Date Assigned:	07/25/2014	Date of Injury:	10/13/2010
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 40-year-old male with a reported date of injury on 10/30/2010. The mechanism of injury was not provided within the documentation available for review. Previous surgeries and diagnostic history were not provided within the documentation available for review. The injured worker's diagnoses included chronic pain syndrome, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, intervertebral disc disorder with myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker presented with pain rated at 5/10 with medications and 6/10 without medications. The clinical note dated 05/30/2014 indicated the injured worker indicated his pain was unchanged. There was tenderness over the thoracic and lumbar paraspinal muscles and pain with lumbar flexion and extension. In addition, the injured worker presented with negative straight leg raise bilaterally. The injured worker's medication regimen included naproxen, Norco, and Flexeril. Previous conservative care included the use of an H-wave. The treatment plan included an order for physical therapy for mid and low back, 1 to 2 times a week for 6 weeks. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for the retrospective request for authorization for Norco 10/325 mg #360 was submitted on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 10/325 mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker has utilized Norco prior to 12/05/2013. There is a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the retrospective request for Norco 10/325 mg #360 is not medically necessary.