

Case Number:	CM14-0096469		
Date Assigned:	07/28/2014	Date of Injury:	07/15/2012
Decision Date:	08/28/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 46-year-old female who reported an injury on 07/15/2012. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include status post lumbar fusion, bilateral lower extremity radiculopathy, anxiety and depression. Her previous treatments were not provided in the medical records. On 05/12/2014, the injured worker presented with complaints of low back pain with radiation to the bilateral lower extremities, and associated numbness and tingling. She also reported more difficulty with walking and prolonged standing due to increased back pain. She rated her pain 8-9/10. Her physical examination revealed positive bilateral straight leg raising, tenderness to palpation over the bilateral lumbar paraspinal muscles, and decreased range of motion in all planes. Her medications were noted to include Fexmed, Vistaril, and Norco. The documentation indicated that her pain rating with medications was 5-6/10 and without medication was 8-9/10. The duration of relief from medications was noted to be 4 to 6 hours, and she was able to increase her ability to perform her activities of daily living and improve her sleep with use of medications. The treatment plan included medication refills. The rationale for Norco refills was noted to be the treatment of chronic low back pain and chronic pain syndrome. The Request for Authorization was submitted on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had significant pain relief with use of her medications, as well as increased function. However, the documentation failed to address appropriate medication use and there was no documentation showing consistent results from a urine drug screen to verify compliance. In the absence of this documentation, the criteria for ongoing use of opioid medications have not been met. In addition, the request failed to provide a frequency and quantity. For the above reasons, the request is not medically necessary.