

Case Number:	CM14-0175260		
Date Assigned:	10/27/2014	Date of Injury:	05/31/2006
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 62-year-old male who reported an injury on 05/31/2006. The mechanism of injury was not documented within the clinical notes. The injured worker's diagnoses were noted to include chronic pain, osteoarthritis lower leg, and lumbago. The past treatments included physical therapy. The official MRI of the lumbar spine performed on 07/22/2014, revealed degenerating broad based posterior disc protrusion with severe bilateral ligamentum at the L4-5 level. The surgical history was noted to include left knee surgery. The subjective complaints on 09/16/2014 included low back pain. It was noted that no physical examination was performed. The injured worker's medications were noted to include Zanaflex and Norco. The treatment plan was to continue and refill the medications. A request was received for Norco 7.5/325 mg. The rationale for the request was decreasing the patient's pain level. The Request for Authorization form was dated 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg (unspecified frequency & duration) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 of 127.

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

Decision rationale: The request for Norco 7.5/325 mg, unspecified frequency and duration, #60, is not medically necessary. The California MTUS Chronic Pain Guidelines state 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was a lack of adequate documentation in the clinical notes submitted for quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.