

Case Number:	CM14-0216395		
Date Assigned:	01/06/2015	Date of Injury:	10/16/2009
Decision Date:	04/01/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 -year-old female who reported an injury on 10/16/2009 due to an unspecified mechanism of injury. On 10/31/2014, she was seen for a routine followup of her work related injury. She complained of consistent moderate pain in the low back with radiation into both legs. She rated this pain a 4/10 in severity on the VAS. Objective findings showed her blood pressure was 134/70 and weight 84 pounds. She was alert and oriented, and her speech was intact. Her gait was normal and there was tenderness at the L4 spine level. She had decreased sensation in the right L4 and L5 spine. She was diagnosed with chronic lumbosacral strain. It was stated that her medication Norco will be gradually weaned. The treatment plan was for Norco 5/325 mg #90. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Managment Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing efficacy of the requested medication to support its continuation. Documentation regarding an objective decrease in pain and an objective improvement in function was not clearly documented to support the request for ongoing use of this medication. Also, no official urine drug screens or CURES reports were provided for review to validate the injured worker's compliance with her medication regimen. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.