

Case Number:	CM14-0083396		
Date Assigned:	07/21/2014	Date of Injury:	06/30/2000
Decision Date:	03/24/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/05/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 06/30/2000. The mechanism of injury was due to a fall. Her diagnoses included acute venous embolism and thrombosis of the deep vessels of the distal lower extremity, spinal stenosis of lumbar region, lumbosacral spondylosis without myelopathy, sciatica, thoracic or lumbosacral neuritis or radiculitis, rotator cuff capsule sprain/strain, insomnia, and post-traumatic stress disorder. Her past treatments included TENS unit, home exercise, thermal heat pad, ice compress, physical therapy, aquatic therapy, home exercise, and medications. On 04/11/2014, the injured worker complained of low back pain rated 3/10 to 9/10 with continued burning/pulling to the right sided low back that radiated down her legs to the knee causing her to need assistance moving. The physical examination revealed the cervical spine was tender to palpation with full range of motion. The thoracic spine revealed no spinal deformities with tenderness to the erector spinae. The lumbar spine was tender to the midline at the L5-S1, paraspinals, quadratus lumborum, and gluteus. There was also decreased range of motion with pain and a positive straight leg raise. Her current medications were noted to include Senna 8.6/50 mg, Zoloft 50 mg, ThermaCare neck wrap, Coumadin 7.5 mg, and Norco 10/325 mg. The documentation indicated the injured worker was counseled in regard to chronic pain management. The treatment plan included Norco 10/325mg; one tablet; q4 prn for 30 days QTY: 180. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg; one tablet; q4 prn for 30 days QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Norco 10/325mg; one tablet; q4 prn for 30 days QTY: 180 is not medically necessary. According to the California MTUS Guidelines, patients on opioid medications require ongoing monitoring and documentation in regard to pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and aberrant drug related behaviors to include a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.