

Case Number:	CM15-0002764		
Date Assigned:	01/13/2015	Date of Injury:	07/30/2001
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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 66-year-old male who reported an injury on 07/03/2001. The mechanism of injury was not provided. On 11/24/2014, the injured worker presented with complaints of low back pain radiating to the left lower extremity. Upon examination of the thoracolumbar spine, there was an antalgic gait and tenderness to palpation over the low back with left L5 weakness and decreased sensation over the left lateral thigh. There was a negative straight leg raise and edema in the bilateral legs. The diagnoses were post lumbar laminectomy syndrome and degenerative arthritis of the left knee. The provider noted that the injured worker had significant conservative treatment in the past and that he was getting prescriptions of Norco from 2 different providers. The provider's treatment plan included Norco 10/325 mg with a quantity of 60 for weaning. The Request for Authorization form was not included in the medical documents 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Treatment Page(s): 78-80, 89.

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

Decision rationale: The request for Norco 10/325mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, a current urine drug screen was not submitted for review. There was no information on increased function and decreased pain with the current medication use. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.