

Case Number:	CM15-0003054		
Date Assigned:	01/14/2015	Date of Injury:	02/12/2008
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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 47-year-old male who reported an injury on 02/12/2008. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of numbness, myalgia, lumbar degenerative disc disease, low back pain, lumbar discogenic pain syndrome, and chronic pain syndrome. Past medical treatment consists of physical therapy, massage therapy, a home exercise program, and medication therapy, and moist heat. Medications include tramadol, Anaprox, Voltaren XR, and Zestril. On 11/12/2014, the injured worker underwent a urine drug screen showing that the injured worker was compliant with prescription medications. On 12/10/2014, the injured worker was seen for a follow-up appointment, where he complained of low back pain. He stated that the pain was 9/10 without medications, and 2/10 with medications. The injured worker stated that he had 50% pain relief with the use of the medications. Physical examination noted that strength was 5/5 bilaterally to the lower extremities. Patellar and Achilles deep tendon reflexes were 2+, sensation was intact bilaterally, and there was no clonus or increased tone. It was noted also on examination that there was tenderness at the lumbosacral paraspinal muscles. Additionally, there was positive muscle spasm. The medical treatment plan is for the injured worker to continue with medication therapy. A rationale and Request for Authorization form were 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 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for Norco 10/325, with a quantity of 60, is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalence per day. The submitted documentation indicated that the injured worker had pain in the low back, which he rated at 9/10 without medication, and 2/10 with medication. He stated that he was mainly taking tramadol ER daily, and feels that it is long acting. The efficacy of the Norco was not documented in the submitted report, nor was it indicated that the Norco was helping with any functional deficits the injured worker had. A urine drug screen obtained on 11/12/2014, indicated that the injured worker was compliant with prescription medications. However, there was no rationale submitted for review to warrant the continuation of the medication. Additionally, the request as submitted did not specify or note a frequency or duration of the medication. Given the above, the request would not be indicated. As such, the request is not medically necessary.