

Case Number:	CM15-0019108		
Date Assigned:	02/09/2015	Date of Injury:	02/05/2002
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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, 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 male who reported injury on 02/05/2002. The mechanism of injury was not provided. The documentation of 12/15/2014 revealed the injured worker had sleep disruption, depression, abdominal pain, and nervousness. The surgical history included lumbar fusion with instrumentation at L4-S1 in 2006; and removal of hardware or fusion on 01/14/2012. The injured worker had subjective complaints of back pain worsening with increased difficulty at work. Pain medications were not adequately controlling pain. The physical examination findings revealed an antalgic gait and chronic limited range of motion. The diagnosis included chronic pain. The treatment plan included an MRI of the lumbar spine and pain medications. The medication included Norco 10/325 mg 1 tablet every 3 to 6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab q4-6h prn #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain; an objective functional improvement; and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. Given the above, the request for Norco 10/325 mg 1 tablet every 4 to 6 hours as needed #180 is not medically necessary.