

Case Number:	CM15-0020933		
Date Assigned:	02/10/2015	Date of Injury:	09/04/2008
Decision Date:	04/08/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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 52-year-old male who reported an injury on 09/04/2008. The mechanism of injury was a fall. His diagnoses include lumbar radiculopathy, cervical radiculopathy, rib and sternum anomalies, internal injury not otherwise specified or ill defined, post-traumatic stress disorder, postconcussion syndrome, pain in the joint of the lower leg, hand pain, dizziness and giddiness, and chest wall pain. His past treatments include medications and injections. On 12/23/2014, the injured worker complained of back pain that radiated from the low back to the bilateral legs on a pain scale of 4/10 and 6/10 without medications. The injured worker indicated the medication is working well with no side effects reported and with an increased activity level. His relevant medications include omeprazole 20 mg, Norco 5/325 mg, Lidoderm 5% patch, Neurontin 300 mg, atenolol 25 mg, lisinopril 20 mg, metformin 850 mg, Novolin, simvastatin 40 mg, Tamsulosin 0.4 mg, Tylenol 325 mg, and hydrocodone/acetaminophen 5/325 mg. The treatment plan included Norco 5/325 mg #30. 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 5/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Norco 5/325 mg #30 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: 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 a lack of documentation in regard to objective functional improvement, objective decrease in pain, and monitoring for aberrant drug related behaviors. There was also a lack of a documented 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.