

Case Number:	CM15-0021704		
Date Assigned:	02/11/2015	Date of Injury:	08/10/2009
Decision Date:	04/06/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	02/05/2015

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 42-year-old female who reported an injury on 08/14/2009. The injury reportedly occurred when she was using a portable toilet and a tractor picked it up on the forks, she fell out of the portable toilet and struck her right side on the prong of the tractor fork. On 12/08/2014, the injured worker presented with complaints of lower back pain and bilateral lower extremity pain. She also reported symptoms of depression and anxiety. Physical examination revealed decreased range of motion and paralumbar tenderness and spasm. Her diagnoses include chronic lumbar back pain, status post lumbar surgery and chronic bilateral lower extremity dysesthesias. The treatment plan included a prescription for Norco 5/325 mg to be used every 4 to 6 hours. A specific rationale for the request was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include: detailed documentation of pain relief, functional status, appropriate medication use and adverse side effects. The clinical information submitted for review indicated the injured worker has been taking Norco for over 1 year. However, the submitted documentation failed to include detailed documentation of quantifiable pain relief with use of this medication, as well as functional improvement, the absence of adverse side effects and documentation regarding aberrant drug taking behaviors. In the absence of this documentation, continued use of this medication is not supported. In addition, the request failed to include a frequency of use. Therefore, the request is not medically necessary.