

Case Number:	CM15-0022636		
Date Assigned:	02/12/2015	Date of Injury:	09/13/2012
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Nevada, California

Certification(s)/Specialty: Anesthesiology, 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 41-year-old male who reported an injury on 09/13/2012. The mechanism of injury was the injured worker experienced right ankle, right hip, low back, and abdomen and groin pain while getting out of a van. The injured worker was noted to utilize opiates since at least 04/2014. The injured worker had undergone urine drug screens. The injured worker underwent an EMG/NCS of the lower extremities. The injured worker underwent an MRI of the lumbar spine. The injured worker was noted to have no prior surgeries. Prior therapies included aquatic therapy, physical therapy, a home exercise program, and right sacroiliac joint injections, as well as medications, a weight loss program, a back support, and chiropractic treatment. The documentation of 12/29/2014 revealed the injured worker had right groin pain and pain in the lumbar and hip regions on the right. The objective findings revealed right groin tenderness and decreased range of motion of the lumbar spine. The injured worker had numbness over the right leg over the L4 dermatome. Pain was noted on the right leg over the L4 dermatome with spasms, guarding, and tenderness in the paravertebral muscles. There was tenderness in the groin. The trochanteric Gaenslen's was positive. The diagnoses included pain in limb, unilateral inguinal hernia, lumbosacral radiculopathy, hip sprain and strain, and generalized pain. The treatment plan included Norco 5/325 mg. The injured worker indicated that with the medication, the injured worker had 30% to 40% of reduction in pain and had no side effects. The injured worker had improved functional capacity with activities of daily living, self grooming, and chores around the house, and the injured worker had no aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management Page(s): 94-95.

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 opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. As such, the request for Norco 5/325 mg quantity 360 is not medically necessary.