

Case Number:	CM15-0032058		
Date Assigned:	02/25/2015	Date of Injury:	01/19/2011
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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
 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 69-year-old male who reported an injury on 01/19/2011. The mechanism of injury was the injured worker was driving a dump truck on the freeway. The back portion of the truck rose up on its own and hit a freeway overpass. The injured worker injured his back due to the impact. Prior treatments included epidural steroid injections and trigger point injections. The injured worker was noted to have prior lumbar surgeries. The injured worker's medications were noted to include opioids as of at least 2013. The injured worker was being monitored for aberrant drug behaviors through urine drug screens. The documentation of 01/16/2015, revealed the injured worker's speech was not slurred. The injured worker had a normal gait with no assistive device. The injured worker had lumbosacral tenderness to palpation with pain on range of motion. The straight leg raise was positive bilaterally. The diagnoses included lumbosacral sprain and strain, and lumbosacral disc injury. The treatment plan included Norco 3 to 4 tablets per day for pain control. The physician documented that the injured worker was encouraged to cut down the medication and to try and take only 3 tablets per day for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

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 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 indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of side effects, and documentation of objective pain relief and objective improvement in function. The request as submitted failed to indicate the frequency and the quantity of the medication being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.