

Case Number:	CM15-0034773		
Date Assigned:	03/03/2015	Date of Injury:	09/13/2012
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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 53-year-old male who reported an injury on 09/13/2012 due to an unspecified mechanism of injury. On 01/15/2015, he presented for medication management and re-evaluation of his chronic pain. His pain inventory showed that his pain level within the last week had been a 6/10 and he had sleep disturbance rated at a 5/10. He reported that pain through his back and right lower extremity had been relieved more significantly with fentanyl after rotating off Butrans. He also stated that he had run out of his patch due to an inability to schedule within 30 days and that he was visiting family members out of state. His medications included fentanyl, Gabapentin, and Norco, as well as allopurinol, ibuprofen, oxycodone/APAP, pentoxifylline, ranitidine, venlafaxine, aspirin, and medical marijuana. A physical examination showed that he elevated without a significant degree of difficulty and ambulated with a slow, nonantalgic gait. He remained limited with bilateral lateral flexion and lateral flexion of the trunk. He remained tender along the low back in a broad diffuse circular pattern from the L3-4 through the sacral coccygeal area, in addition to the lateral pelvic area along the posterior superior iliac crest. He was diagnosed with chronic multifactorial industrial based lower back pain with a left lumbar radiculopathy improved with the introduction of fentanyl. The treatment plan was for Norco 10/325 mg #60. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided did not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, official urine drug screens or CURES reports were not provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.