

Case Number:	CM15-0036726		
Date Assigned:	03/05/2015	Date of Injury:	11/15/1970
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/26/2015

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 65-year-old male who reported an injury on 11/15/1970. The mechanism of injury was not provided. Prior therapies included physical therapy. The injured worker was noted to undergo spinal surgery. Documentation of 01/05/2015 revealed the injured worker had medications including Norco 10/325 mg, Theramine 2 capsules 2 times a day, simvastatin 1 daily, Ambien 10 mg, Neurontin 800 mg, and etodolac 400 mg, as well as Soma 350 mg. Prior therapies included an epidural steroid injection. The injured worker underwent neck surgery in 2006. Physical examination revealed the injured worker had full range of motion of the cervical spine. Diagnoses included degeneration of lumbar intervertebral disc. The treatment plan included a continuation of Norco 10/325 mg 1 to 2 tablets by mouth 4 times a day as needed. The injured worker was noted to be utilizing the medications since at least 08/2014. The injured worker underwent urine drug screens. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids for chronic pain.

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 indicated the injured worker had undergone urine drug screens. There was however a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. The request as submitted failed to indicate the frequency for the requested medications. Given the above, the request for 180 Norco 10/325mg is not medically necessary.