

Case Number:	CM14-0105853		
Date Assigned:	07/30/2014	Date of Injury:	11/30/1987
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female who reported an injury on 11/30/1987. The diagnosis included lumbago. The documentation of 02/11/2014 revealed the injured worker was utilizing Flexeril, ibuprofen, and Norco 10/325. The documentation of 05/27/2014 revealed a request for a prescription for Norco 5/325 quantity 90. There was no DWC Form RFA or PR2 submitted for review. There was a lack of documentation of the past treatment, relative diagnostic studies, surgical history, subjective complaints or objective physical examination. There was a lack of a treatment plan submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 tablet every 8 hours as needed for pain #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, , ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker's being monitored for aberrant drug behavior and side effects.

There should be documentation an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 02/2014. There was lack of documentation of the above criteria. Given the above, the request for Norco 5/325 one tablet every 8 hours as needed for pain #90 is not medically necessary.