

Case Number:	CM14-0116077		
Date Assigned:	08/06/2014	Date of Injury:	11/09/1998
Decision Date:	10/09/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/23/2014

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 Illinois. 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 57-year old male who reported an injury on 11/09/1998 with an unknown mechanism of injury. The injured worker was diagnosed with cervical spine, lumbar spine, insomnia, reflux, and bilateral leg radiculopathy. The injured worker was treated with medication. The injured worker had lumbar X-rays on 04/11/2014. The medical records did not indicate surgical history. On the clinical note dated 05/27/2014, the injured worker complained of lower back pain that radiates down both legs rated 4/10. The injured worker had tenderness over lumbosacral spine. The injured worker was prescribed Norco 10/325mg every 6 hours as needed, methocarbamol 500mg 1-3 every 6 hours as needed, prevacid 30mg one daily, and Ambien 10mg daily at bedtime. The treatment plan was for Norco 10/325mg. The rationale for the request was for lumbar pain. The request for authorization was submitted for review on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 for the Lumbar Spine is not medically necessary. The injured worker is diagnosed with cervical spine, lumbar spine, insomnia, reflux, and bilateral leg radiculopathy. The injured worker complains of lower back pain that radiates down both legs rated 4/10. The California MTUS guidelines recommend ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker's medical records lack the documentation of the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did not include a recent urine drug screen or documentation of side effects. The injured worker has been prescribed Norco 10/325mg since at least 12/18/2013. There is a lack of documentation indicating the injured worker has objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Norco 10/325mg #120 for the Lumbar Spine is not medically necessary.