

Case Number:	CM14-0116594		
Date Assigned:	08/06/2014	Date of Injury:	08/05/2011
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 was a 39-year-old male, who reported an injury on 08/05/2011 while working as a landscaper. He put his foot into a hole, which knocked him backwards, throwing him into a ditch. The injured worker had a history of ankle pain and low back pain with numbness and tingling to the buttocks down the legs. The injured worker had a diagnosis of lumbar degenerative disc disease with bilateral S1 radiculitis, discogenic lower back pain. The past treatments included physical therapy, lumbar support, hot and cold packs, lumbar pillow, chiropractic treatments x3 weeks, aqua therapy and injections. The pertinent diagnostics included an electromyogram study. The CT scan of the thoracic spine; revealed mild height loss at the T7-8. CT of the head was negative. The MRI of the lumbar spine revealed degenerative disc disease. The medications included Naproxen, cyclobenzaprine, hydrocodone, Cymbalta, and omeprazole, with reportedly a pain of 7/10 using the VAS. Objective findings were not available for review. The rationale for the Norco was not provided. The Request for Authorization was submitted 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 Modified certification, wean with target of completely off the medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Opioids, criteria for use ;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management; Norco Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg, #120, modified, certified, wean with target of completely off the medication, is non-certified. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, no physical examination took place; just a Psychological Agreed Medical Examination was in the documentation. The injured worker did not have objective findings. No urinalysis provided. No physical review. The side effects (the injured worker indicated he gets dizzy) were not addressed, or any adverse side effects. The request did not indicate the frequency, and as such, the request is not medically necessary.