

Case Number:	CM14-0125887		
Date Assigned:	08/13/2014	Date of Injury:	09/15/2006
Decision Date:	09/19/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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 California and Washington and is licensed to practice in Pain Medicine. 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 56-year-old male who reported an injury on 09/15/2006. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine myoligamentous injury with left upper extremity symptoms, left shoulder sprain/strain, lumbar spine myoligamentous injury with left lower extremity symptoms, left knee internal derangement and medication induced gastritis. Previous treatments included medication and epidural steroid injections. Diagnostic testing included an EMG/NCV and MRI. The medication regimen included Norco, Anaprox, Prilosec, Prozac, Colace, medical marijuana and Lidoderm patch. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of left knee pain. Upon the physical examination the provider noted the injured worker had tenderness to palpation over the cervical spine bilaterally. The range of motion of the cervical spine was flexion at 30 degrees and extension at 30 degrees. The provider noted the injured worker had tenderness to palpation of the lumbar spine bilaterally, with palpable trigger points and tenderness throughout the lumbar paraspinal muscles. The provider noted tenderness along the medial lateral joint line, with mild soft tissue swelling. The request submitted is for Norco. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is considered not medically necessary.