

Case Number:	CM14-0128336		
Date Assigned:	08/15/2014	Date of Injury:	02/25/2003
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine, 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 68 year old male who was reportedly injured on 02/25/2003. According to the last progress note, dated 05/08/2014, the injured worker reported ongoing discomfort in the lower back, rated as 3-4/10 at rest and 4-5/10 with physical activity. The injured worker avoids prolonged sitting as this causes an increase in pain. His lumbar spine range of motion was noted to be 30 degrees of flexion and 10 degrees of extension; right and left lateral flexion were 10 degrees and rotation was 30 degrees. The injured worker had 2+ knee reflexes with a slightly depressed right ankle reflex. He continues daily lumbar spine stretching exercises preceded by 30 minutes of local heat. A request was made for Norco 10/325mg #120. This request was not pre-certified on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-3235mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition: http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 81.

Decision rationale: The request was incomplete. No dose, frequency or duration was given for Norco. The available documentation did not show a clinically significant reduction in pain with Norco compared to no opioids. It did not document presence or absence of adverse effects of the opioids. No current diagnosis was given. There was no treatment plan with an end date for opioid use. The injury occurred over 10 years ago. There is no quality evidence of long term effectiveness of opioids for chronic non-cancer pain. The request therefore is not consistent with evidence-based guidelines and not medically necessary.