

Case Number:	CM14-0141985		
Date Assigned:	09/10/2014	Date of Injury:	06/02/2004
Decision Date:	10/28/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 67 year old male who sustained an injury on 06/02/04. No specific mechanism of injury was noted. The injured worker has been followed for complaints of low back pain. The injured worker has utilized multiple medications including NSAIDs, Soma, and Norco. The injured worker had attempts at prior weaning which were not successful. The clinical report dated 07/15/14 Noted that the injured worker had been taking Norco for 7 years with stable results. The injured worker was under an opioid agreement and had consistent urine drug screen results. The injured worker reported severe pain without medications. The injured worker was noted to be working with medications. There were no side effects or evidence of sedation noted. The injured worker's physical exam noted an antalgic gait with stiffness. There was intact strength with tenderness to palpation in the lumbar paraspinal musculature. The requested lab testing and Norco was denied on 08/01/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation provided, the requested Norco 10/325mg quantity 60 with two refills would not be supported as medically necessary per current evidence based guideline recommendations. The injured worker has noted efficacy with the ongoing use of Norco and on indications of any aberrant medication use or signs of abuse. The injured worker is functionally active and is working. However, current evidence based guidelines do recommend ongoing assessments establishing the efficacy of short acting narcotics such as Norco. The requested refills would be considered excessive for this medication without ongoing assessments. As such, this reviewer would not have recommended this medication as medically necessary.

One lab, to include complete blood count (CBC), complete metabolic panel (CMP), and thyroid stimulating hormone (TSH): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: In review of the clinical documentation provided, the requested Labs to include CBC, TSH, and CMP would not be supported as medically necessary per current evidence based guideline recommendations. The clinical documentation provided did not identify any objective findings or concerns regarding abnormal function or concerns for an underlying condition that would support the entire lab studies requested. Although the injured worker has been using medications long term, there are no current indications for either a CBC or TSH study. As such, this reviewer would not have recommended this request as medically necessary.