

Case Number:	CM14-0061019		
Date Assigned:	07/09/2014	Date of Injury:	05/15/2012
Decision Date:	09/10/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 51 year old male who is reported to have sustained injuries on 05/15/12 to his low back and wrist as a result of stepping in a hole. Records indicate that the injured worker has undergone two lumbar epidural steroid injections and one sacroiliac joint injection. The most recent clinical notes consist of handwritten progress notes that provide very nonspecific information. Per a clinical note dated 04/30/14, the injured worker has lumbosacral pain which is the same and he has lumbosacral tenderness which is unchanged. Several boxes were checked to include medications and he was allowed to return to modified work. A prior clinical note dated 03/21/14 provides the exact same information with no detailed physical examination. Per a report dated 01/17/14, the injured worker has undergone two electrodiagnostic studies which were negative for pathology. Radiographs of the right wrist dated 10/19/12 are reported as normal. MRI of the lumbar spine dated 10/02/13 shows multilevel degenerative changes with mild to moderate bilateral neural foraminal stenosis at L5 to S1. The record contains a utilization review determination dated 04/01/14 in which a request for Norco 10/325 milligrams quantity sixty was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen (Norco); Opioids for chronic pain; On-Going Management Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker sustained an injury to his low back as a result of stepping into a hole. Examination suggests that the injured worker sustained lumbar sprain/strain superimposed over degenerative disease as well as a left wrist sprain. The submitted progress notes do not provide any information from which to determine medical necessity. These documents indicate that there is pain and tenderness, no other objective data provided which would substantiate that the use of this medication results in functional improvements. Further, given the lack of evidence of substantive acute pathology that would warrant opiate medications, the continued use of this medication cannot be established as medically necessary.