

Case Number:	CM14-0090970		
Date Assigned:	07/25/2014	Date of Injury:	09/14/2011
Decision Date:	09/25/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 50 year old male who had a date of injury of 09/14/11. On the date of injury he was struck by two units of 8x8 wood resulting in low back and left lower extremity pain. The injured worker was treated with medications, physical therapy, and epidural steroid injections. He was documented as having a left S1 radiculopathy by Electromyography (EMG)/Nerve Conduction Velocity (NCV). His medication profile included Ambien, Norco 10/325 and Tramadol 50mg. The injured worker discontinued Tramadol finding it ineffective. The injured worker was approved for a functional restoration program. Serial records indicated that the injured worker's VAS was 8/10 decreased to 7/10 with medications. Utilization review determination dated 06/09/14 denied the request for Norco 10 325mg with one refill prescribed on 05/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 one refill prescribed 5/8/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-When to discontinue Opioids.

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 has chronic myofascial pain associated with work related injuries on 09/14/11. The records do not provide any indication that the injured worker has a signed pain management contract or routinely participates in urine drug screen to assess compliance. In addition to this the records provide no data establishing the efficacy of this medication. Pain levels are maintained at 8 and 7-8/10 with no clear evidence of benefit. Additionally, the record provides no data suggesting that the use of this medication results in functional improvements. As such the request would not meet CA MTUS guidelines for the continued treatment of chronic pain. The request for Norco 10 325mg with one refill prescribed on 05/08/14 is not supported as medically necessary and appropriate.