

Case Number:	CM14-0091814		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2003
Decision Date:	09/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 01/28/2003 due to driving a bus and suddenly felt a pop in the groin and associated numbness in the right lower limb. Diagnoses were suicidal ideation, degenerative disc disease cervical, lumbar facet arthropathy, chronic pain syndrome, depression, herpes zoster, insomnia, personal history of tobacco use, muscle spasms, histrionic personality disorder, unspecified, hypertension, benign, other, pain disorder related to psychological fact, low back pain, and radiculopathy thoracic or lumbosacral. Past treatments were not reported. Diagnostic studies were MRI of the spine. Surgical history was a cervical fusion in 1998. The injured worker had a physical examination on 04/24/2014 with complaints of constant burning pain and reported it was worse with standing or any activity or position too long. The pain was rated at 7/10 with meds and 10/10 without meds. On examination of the spine upon palpation, there was diffuse tenderness on the right buttock region and groin. The lumbar spine revealed normal lordosis, forward flexion was to 35 degrees with end range pain, and extension was 5 degrees with end range pain. Motor strength was 5/5 in bilateral upper and lower extremities. Medications were trazodone HCL 100 mg, Norco 10/325 mg, amitriptyline HCL 75 mg, amitriptyline HCL 25 mg, Soma 350 mg, lorazepam 0.5 mg, citalopram 20 mg, and vitamin B. The treatment plan was to take medications as directed and to continue the use of intermittent ice daily. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 Tablets of Norco 7.5mg/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; Low Back Complaints; Opioids; Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for 150 Tablets of Norco 7.5mg/325mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The efficacy for this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.