

Case Number:	CM14-0092513		
Date Assigned:	09/05/2014	Date of Injury:	01/28/2004
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/18/2014

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 & Pain Medicine and is licensed to practice in Oklahoma. 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 male who reported an injury on 01/28/2004. The mechanism of injury was not provided. The diagnoses were noted as lumbago, lumbar radiculitis, and bulging lumbar disc. The past treatment included medication. There were no relevant diagnostic studies or surgeries documented. On 02/25/2014, the injured worker reported that he was stable on his pain medications with no adverse side effects, health changes, or life altering events. He reported that without his medications he could not function. He requested an increase in his norco 4/day max to 5/day max for better pain relief. Upon physical examination, he was noted to have no leg weakness and a positive straight leg raise on the right. The medications were noted as Norco 10/325 mg and Ibuprofen 800 mg. The treatment plan was to continue medications and increase norco to max 5/day. The rationale for the request was for better pain relief as his job would become busier soon. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for norco 10/325 mg #360 is not medically necessary. The California MTUS Guidelines recommend on-going opioid therapy for injured workers if there is documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The injured worker did report that his pain level was a 7/10 and that without the medication he could not function. However, the documentation did not provide sufficient evidence of pain relief, physical and psychosocial functioning, or the occurrence of any potentially aberrant drug-related behaviors. The injured worker has been on opioid therapy since at least December of 2013 and there was no documentation provided of a urine toxicology screen to monitor for medication compliance. In the absence of documentation with adequate evidence of significant pain relief, an increase in activities of daily living, and a urine toxicology report, the request is not supported at this time. Additionally, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.