

Case Number:	CM14-0097354		
Date Assigned:	07/28/2014	Date of Injury:	03/19/2002
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 female with a reported injury on 03/19/2002. The mechanism of injury was continuous trauma. The injured worker's diagnoses included lumbar strain/sciatica, and thoracic strain. The injured worker's previous treatments included medications, a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and acupuncture. The injured worker's diagnostic studies included an MRI, and x-rays of the lumbar and cervical spine. No pertinent surgical history was provided. The injured worker was evaluated on 08/07/2013 for worsening lower back pain and medication refills. The clinician observed and reported tender low back, restricted range of motion, and positive straight leg raise. On 01/27/2014 the clinician indicated that the injured worker had been using Norco and Soma as needed since 2005. The injured worker rated her pain as 10/10 'every day', 'off the scale' at its worst, 10/10 when aggravated by activity, and rated as 9 or more out of 10 regarding the interference of pain with her activities of daily living. On 07/07/2014 the clinician recommended weaning from narcotic pain medication. The injured worker was evaluated on 07/21/2014 for worsening lower back pain and medication refills. The clinician observed and reported tender low back, restricted range of motion, and positive straight leg raise. The injured worker's medications included Norco 10/325 mg three times per day, Soma 350 mg three times per day, and Motrin 800 mg twice per day, Cymbalta, Elavil, Neurontin, Motrin, and Ativan. The request was for Norco 10/325MG #45. No rationale for the request was provided. The request for authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-80.

Decision rationale: The request for Norco 10/325MG #45 is not medically necessary. The injured worker continued to complain of worsening low back pain. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker's complaints and physical exam have not changed between 08/07/2013 and 07/21/2014. The orthopaedic surgeon recommended that the injured worker be weaned off the narcotic pain medication for low back pain following an examination on 07/07/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco 10/325MG #45 is not medically necessary.