

Case Number:	CM13-0061899		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2004
Decision Date:	03/12/2015	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported injury on 04/19/2004. The mechanism of injury was cumulative trauma. Documentation submitted for review was dated 11/11/2013. The injured worker's current medications included ibuprofen 600 mg 1 tablet 3 times a day, Kadian 10 mg 1 capsule extended release 1 tablet twice a day, Kadian 20 mg 1 tablet twice a day, Norco 10/325 mg 1 tablet for 30 days and Prilosec 20 mg capsules 1 tablet twice a day, as well as Soma 350 mg 1 tablet 3 times a day. The injured worker was noted to have undergone lumbar surgery. The injured worker had decreased strength in his left lower extremity and decreased sensation in his left lower extremity. The diagnoses included status post work related injury with continued chronic lumbar postlaminectomy syndrome. The physician documented the injured worker's condition was reasonably well managed on the present medication regimen. Prior therapies included biofeedback, physical therapy, chiropractic care, acupuncture and psychological evaluation. Additionally, the physician documented the injured worker was monitored for aberrant drug behavior and side effects. The medications were noted to be refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg tablet 1 tab for 30 days #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management. Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, the documentation indicated the injured worker was taking Norco 10/325 mg 1 tablet per day, and as such, there would be no necessity for 150 tablets. Given the above and the lack of documentation, the request for Norco 1 tab for 30 days # 150 is not medically necessary.