

Case Number:	CM14-0019527		
Date Assigned:	04/21/2014	Date of Injury:	03/03/2009
Decision Date:	03/12/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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. 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 was a 54-year-old female, who was injured on the job March 3, 2009. Mechanism of injury was not submitted for review. The injured worker was diagnosed with right knee pes anserinus tendonitis, right lateral epicondylitis, status post L3-L4 and L4-L5 transforaminal interbody fusion May 2011, right knee internal derangement, rule out meniscus tear, cervical disc degeneration with facet arthroplasty and moderate central stenosis C5-C6, L3-L4 and L4-L5 disc degeneration with positive concordant pain on discography, right arm radiculopathy and right leg radiculopathy. Past medical treatment consist of medication therapy. The injured worker was taking Lyrica 75mg daily and Norco 10/325mg every 4 hours as needed for pain. According to the progress note of January 27, 2014, the injured worker complained of daily constant low back pain. The injured worker rated pain level at 5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker also has intermittent complaints of radiating pain to the right low extremity. The physical exam noted the injured workers range of motion to be flexion of 20 degrees, extension of 0, the left lateral bend of 10 degrees and right lateral extension of 18 degrees. The documents submitted for review were limited to one progress note, of January 27, 2014, by the treating physician. A 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:

Pharmacy purchase of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing. Page(s): 78, 60,86.

Decision rationale: The request for NORCO 10/325MG #180 is not medically necessary. California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication nor did it indicate that it was helping with any functional deficits the injured worker was having. There were no assessments indicating what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screens submitted for review indicating monitoring for aberrant drug behaviors. Additionally, the request as submitted did not specify a frequency of the medication nor did it indicate an objective improvement in function or a decrease in pain. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.