

Case Number:	CM15-0002033		
Date Assigned:	01/13/2015	Date of Injury:	06/24/2008
Decision Date:	05/29/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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

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 59-year-old male who reported an injury on 06/24/2008. The mechanism of injury was constant pressure on a gas pedal and heavy lifting as a route driver. Prior therapies included medications, physical therapy, and acupuncture, as well as radiofrequency ablations and epidural steroid injections. The injured worker's medications included Norco 10/325 mg. The injured worker was noted to have no transaction in CURES. The drug screen was noted to be consistent. There was a Request for Authorization dated 11/22/2014. The documentation of 11/14/2014 revealed the injured worker had back pain. The injured worker rated his pain with medications at 2/10 and without medications a 5/10. The physical examination revealed restricted range of motion with flexion limited to 100 degrees and extension to 20 degrees. Bilateral bending was limited to 20 degrees. The injured worker had a positive lumbar facet loading bilaterally. Diagnoses included low back pain, spinal/lumbar DDD, and lumbar radiculopathy. The treatment plan included the injured worker was able to perform self care and light household chores at 30 minute intervals or longer with the medications versus without the medications. The injured worker was noted to be able to continue walking for exercise with the medication for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, 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 meets the above criteria. However, the request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Norco 10/325 mg is not medically necessary.