

Case Number:	CM15-0011090		
Date Assigned:	01/29/2015	Date of Injury:	10/25/2000
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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, 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 44-year-old male who reported an injury on 10/25/2000. The mechanism of injury was not stated. The current diagnoses include nonallopathic lesion of the cervical region, myalgia/myositis, nonallopathic lesion of the thoracic region, nonallopathic lesion of the pelvic region, nonallopathic lesion of the sacral region, back pain, late effect of sprain/strain without tendon injury, head/neck symptom, nonallopathic lesion of the lumbar region, and cervicgia, the latest physician progress report submitted for review is documented on 11/11/2014. The injured worker presented with complaints of neck pain, upper back pain, mid back pain, and low back pain. Upon examination, there was hypomobility at C2 through S1, mild to moderate tenderness with hypertonicity, limited range of motion, 5/5 motor strength, and intact sensation. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 76-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It is unclear how long the injured worker has utilized Norco 5/325 mg. There was no documentation of a failure of nonopioid analgesics. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.