

Case Number:	CM15-0014660		
Date Assigned:	02/02/2015	Date of Injury:	04/19/2013
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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 37-year-old male who reported an injury on 04/19/2013. The mechanism of injury was a motor vehicle accident. His diagnoses were noted as lumbar spondylosis, complete rupture of rotator cuff, thoracic spondylosis without myelopathy, contracture of tendon, unspecified disorders of bursae and tendons of shoulder region, other affections of shoulder region not elsewhere classified, pain in joint of shoulder region, unspecified myalgia and myositis, other disorder of coccyx, and intercostal neuritis. His past treatments were noted to include medication, acupuncture therapy, physical therapy, epidural steroid injection, manual therapy, and activity modification. His diagnostic studies were not provided. His surgical history was not provided. During the assessment on 12/29/2014, the injured worker complained of neck and low back pain. He described the pain as sharp and constant that radiated down the lower back, on both sides, the buttocks, and right leg. He rated the pain at a 10/10 without medications and an 8/10 with medication. He reported the pain improved by lying down and was aggravated by bending, turning, and prolonged sitting. The physical examination of the lumbar spine revealed range of motion was abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, 15 degrees of left lateral flexion, 10 degrees of right rotation, and 10 degrees of left rotation. There was pain with lumbar spine range of motion testing. The lumbar provocative tests revealed a straight leg raise in rising supine was 90 degrees and negative on the right and 90 degrees and negative on the left. The Patrick's test was positive on the right and positive on the left. The reverse Thomas test was positive bilaterally. His medications were noted to include Norco 10/325 mg. The treatment plan was to continue

with the current medication regimen. The rationale for the request was not provided. The Request for Authorization form was dated 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.