

Case Number:	CM14-0147810		
Date Assigned:	09/15/2014	Date of Injury:	01/27/2009
Decision Date:	10/22/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 01/27/2009. The mechanism of injury was not provided. The injured worker had diagnoses of lower back pain, radiculopathy to left leg, and chronic pain syndrome. Past medical treatment included medications. Diagnostic testing included an MRI of the lumbar spine without contrast of 03/11/2014 and lumbar spine series on 03/12/2014. Surgical history was not provided. The injured worker complained of bilateral low back pain radiating to bilateral legs, bilateral buttocks and bilateral hips on 03/31/2014. The injured worker described pain as sharp, aching, shooting, throbbing, dull and burning. The injured worker states pain was worse when lifting, sitting, bending, physical activities, standing, twisting and walking. The injured worker stated pain was better with medication and pain was 10/10 on average and 10/10 at worst. The physical examination revealed decreased range of motion of bilateral hips and a positive leg raise test on left side. Medications included Norco 10/325 mg, ibuprofen and aspirin 325 mg. The treatment plan was for Norco 10/325 mg #180. The rationale for the request was not submitted. The Request for Authorization form was submitted on 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, #180 is not medically necessary. The injured worker complained of bilateral low back pain radiating to bilateral legs, bilateral buttocks and bilateral hips on 03/31/2014. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines also state that four domain have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review indicates that Norco is not helping the patient. There was no quantified information regarding pain relief. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating a urine drug screen was performed with results consistent with the injured worker's medication regimen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Given the above, the request for ongoing use of Norco is not supported by California Medical Utilization Schedule (MTUS) Guidelines. Therefore, the request for Norco 10/325 #180 is not medically necessary.