

Case Number:	CM13-0003804		
Date Assigned:	12/20/2013	Date of Injury:	10/25/2010
Decision Date:	03/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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 patient is a 54-year-old male who reported an injury on 01/10/2011. The patient is diagnosed with bilateral knee pain, bilateral lower extremity venous varicosities, cervical strain with radicular symptoms, lumbar disc herniations, and status post lumbar spine discectomy and fusion on 04/27/2013. The patient was seen by [REDACTED] on 08/28/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. Physical examination revealed limited lumbar range of motion, tenderness to palpation, and a slow and guarded gait. Treatment recommendations included weaning of Norco to 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain in the lower back with radiation to bilateral lower extremities. There is no evidence of a significant change in the patient's physical examination that would indicate functional improvement. As satisfactory response to treatment has not been indicated, continuation of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.