

Case Number:	CM13-0005135		
Date Assigned:	09/11/2013	Date of Injury:	04/16/2003
Decision Date:	01/17/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/30/2013

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 Anesthesiology and Pain 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 47-year-old male who reported an injury on 04/16/2003. The patient is currently diagnosed with chronic low back pain with bilateral lower extremity radiculopathy and lumbosacral strain with degenerative changes, status post spinal cord stimulator implantation. The patient was recently evaluated by [REDACTED] on 07/19/2013. Physical examination revealed antalgic gait with guarding, diminished range of motion, moderate muscle spasm, tenderness to palpation, 5/5 muscle strength in bilateral lower extremities, and intact sensation. Treatment recommendations included a continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The 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 assessments should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had previously utilized this medication in the past. Documentation of substantial pain relief was not provided. The patient continues to present with complaints of lower back pain despite the ongoing use of this medication. Satisfactory response to treatment has not been indicated by a decrease in level of pain, increase in level of function, or improved quality of life. Therefore, continuation of this medication cannot be determined a medically appropriate. As such, the request is non-certified.