

Case Number:	CM13-0010539		
Date Assigned:	09/18/2013	Date of Injury:	11/15/2011
Decision Date:	03/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/13/2013

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 Orthopedic Surgery 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:

This is a 64-year-old male who was injured on November 15, 2011. Medicines have been requested in the form of narcotic medicines, Norco/Hydrocodone/APAP 10-225 every two to four hours for pain. It should be noted that this claimant was injured while lifting his sofa at that time and subsequently underwent an L3-4 lumbar interbody fusion on 02-25-13. Subsequently he was evaluated in June of 2013 for whom a CT scan demonstrated degenerative disc disease from L1 through 3 and an L3-4 spinal fusion. At that time he received physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 2-4 Hrs PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-going management..

Decision rationale: This claimant is 64 years of age and was injured November 15, 2011 while lifting a sofa. Medicines have been requested in the form of narcotic medicines, Norco/Hydrocodone/APAP 10-225 every two to four hours for pain. He is status post an L3-4 lumbar interbody fusion performed on 02-25-13. He attended postoperative therapy. There

appears to be no recent traumatic injuries, flares or exacerbations, but rather these medications have been taken on a chronic basis. These narcotic medicines should be reserved for acute symptomatology and in this clinical instance should be discontinued. Therefore in these medical records, the request for this medicine is not supported.

Hydrocodone 10/325mg QTY 2-4 Hrs PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-going management..

Decision rationale: There appears to be no recent traumatic injuries, flares or exacerbations, but rather these medications have been taken on a chronic basis. These narcotic medicines should be reserved for acute symptomatology and in this clinical instance should be discontinued. Therefore in these medical records, the request for this medicine is not supported. Therefore in these medical records, the request for for Hydrocodone 10/325mg QTY 2-4 Hrs PRN is not supported.

Apap 10/325mg QTY 2-4 Hrs PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Opioids, On-going m.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-going management. .

Decision rationale: There appears to be no recent traumatic injuries, flares or exacerbations, but rather these medications have been taken on a chronic basis. These narcotic medicines should be reserved for acute symptomatology and in this clinical instance should be discontinued. Therefore the request for Apap 10/325mg QTY 2-4 Hrs PRN is not supported.