

Case Number:	CM13-0024803		
Date Assigned:	11/20/2013	Date of Injury:	02/07/2003
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Rheumatology, has a subspecialty 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:

This patient is a 48 year old male with date of injury 2/7/03. The mechanism of injury is not described. The patient has complained of chronic low back pain, neck pain and left hand pain and paresthesias. The surgical therapy performed includes a left hand carpal tunnel release, a lumbosacral spine fusion and subsequent hardware removal. A MRI of the cervical spine performed in 04/2012 showed diffuse disc disease and protrusions from C3-C7. Objective: cervical spine tenderness, spasm and decreased range of motion; lumbar spine spasm and decreased range of motion. Diagnoses: cervical spine degenerative disc disease, lumbar spine degenerative disc disease. The treatment plan and request is Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria For Use Section Page(s): 76-85, 88-89.

Decision rationale: This 48 year old male has chronic neck, lower back and left hand pain. The treatments included thus far have been surgery, physical therapy and medications. The patient

has been prescribed Norco 10/325 since at least 07/2012 per the available medical records. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.