

Case Number:	CM13-0032924		
Date Assigned:	12/06/2013	Date of Injury:	06/29/2003
Decision Date:	02/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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, is fellowship trained in Spine 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:

The patient is a 55-year-old female who reported an injury on 06/29/2003. The patient is diagnosed with increasing frequency of left leg weakness, lumbar radiculopathy, piriformis muscle spasm with sciatic nerve pain, lumbar facet arthropathy, and sacroiliac joint arthropathy. The patient was seen by [REDACTED] on 10/10/2013. The patient reported persistent lower back pain. Physical examination revealed tenderness to palpation of the cervical spine, decreased sensation to light touch of the left lower extremity, tenderness to palpation of the left lower back and piriformis with radiation of pain to the left lower extremity, full range of motion, positive straight leg raising, and positive Patrick's testing on the left. Treatment recommendations included continuation of current medication and a CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325/mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid 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 has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate.