MAXIMUS Federal Services

Case Number:	CM13-0033857		
Date Assigned:	12/06/2013	Date of Injury:	07/21/2009
Decision Date:	04/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Practice and is licensed to practice in Arizona. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55 year old male with a date of injury on 7/21/2009. Patient has been treated for ongoing symptoms related to his lower back. Patient has diagnoses of lumbar spondylosis, lumbar radiculopathy and lumbar generative disc disease. Subjective complaints include low back pain that is 5/10 with medications and 9/10 without, and had decreased ability to function. Physical exam shows decreased lumbar range of motion, tender paravertebral muscles, positive facet loading, and negative straight leg raise test. . Medications include Norco 4 times a day and MS Contin 180mg per day. Patient was previously on 240mg/day of MS Contin. Documentation shows that patient's pain was well controlled with current medications and he was able to perform activities of daily living. He also reported increased energy and improved sleep with medication usage. The prescribing physician documented that patient was taking medications as prescribed, and there was no aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg, #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects or aberrant behavior. There is clear documentation that opioid therapy has been effective in controlling this patient's pain and has improved his quality of life. Therefore, according to the patient's clinical findings and guideline recommendations, the prescription for Norco 10-325 is medically necessary.