

Case Number:	CM13-0036051		
Date Assigned:	04/25/2014	Date of Injury:	01/21/2004
Decision Date:	06/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Rheumatology and is licensed to practice in Maryland. 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 expert 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 76 year old male with date of injury 1/21/2004. The mechanism of injury is described as a lifting injury. The patient has complained of low back pain since the date of injury. He has been treated with physical therapy, medial branch nerve blocks to L3-L5 and medications. MRI of the lumbar spine dated 09/2013 revealed multilevel disc disease with mild to moderate foraminal stenosis. Objective: antalgic gait, decreased range of motion lumbar spine, tenderness to palpation of the lumbar facet joints L3-L5, and decreased motor strength in the bilateral lower extremities. Diagnoses include chronic low back pain, lumbar spine osteoarthritis. Treatment plan request is for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #135: Upheld

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

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

Decision rationale: This 76 year old male has complained of low back pain since date of injury 1/21/04. There is no evidence that the treating physician is prescribing opioids according to t The

MTUS guidelines regarding Opioids, 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. In this case, the patient has been treated with physical therapy, medial branch nerve blocks to L3-L5 and medications to include Norco since at least 05/2012. 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. Therefore, the request for Norco 10/325, # 135 is not medically necessary and appropriate.