

Case Number:	CM13-0036086		
Date Assigned:	12/13/2013	Date of Injury:	01/24/2010
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Anesthesiologist, has a subspecialty in Pain 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:

The patient is a 51-year-old male who reported an injury on 01/24/2010 due to cumulative trauma to the lumbar spine and right knee. The patient's treatment history included physical therapy, medication usage, and right knee replacement in 08/2010. The patient's medication usage was monitored with urine drug screens. The patient underwent and electrodiagnostic study in 02/2013 that revealed the patient had chronic left L5 radiculopathy and chronic right L5 radiculopathy. The patient's most recent objective findings included limited lumbar range of motion secondary to pain, tenderness to palpation and spasms along the L3-5 musculature, positive right side straight leg raising test, and positive bilateral lumbar facet loading. Sensory examination revealed decreased sensation over the L4-5 dermatomes on the right side and hyperesthesia over the S1 dermatome on the right side. The patient's diagnoses included lumbar radiculopathy and lumbar facet syndrome. The patient's treatment plan included continuation of medications, lumbar epidural steroid injection, and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, specific evidence of functional benefit, managed side effects, and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review does not provide any objective evidence of pain relief or functional benefit to support the continuation of the requested medication. As such, Norco 10/325 mg #60 is not medically necessary or appropriate.