

Case Number:	CM13-0042049		
Date Assigned:	12/20/2013	Date of Injury:	10/02/2009
Decision Date:	04/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Orthopedic 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 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:

Patient is a 58 year old female with an industrial injury on 10/2/09. Patient injured her neck, low back and knees. X-rays in 2009 revealed meniscal tear in the left knee. In 2/2010 patient removed spinal hardware from scoliosis surgery as a teenager. Her condition did not improve and she underwent lumbar fusion in 4/2010. She developed post-phlebotic syndrome and required vena cava filter as well as anti-coagulant therapy with warfarin. An MRI of the cervical spine revealed degenerative disc disease as well as disc protrusion at C4-5 and 5-6 (no date). Exam notes from 10/01/13 demonstrate patient complained of low back and bilateral knee problems. Patient is going through withdrawal from not taking Norco, including nausea and vomiting. Patient had been taking Flexeril 5mg, Norco 7.5/325mg, Senotot, Colace 100mg and Dulcolax 5mg and Butrans Patch. Patient with continued to report constant burning low back pain that radiated to buttocks and down both legs with numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): s 78-79.

Decision rationale: In this case there is no documentation in the record of functional improvement while prescribed Norco or use of drug screening to satisfy criteria. Therefore the determination is for non-certification.