

Case Number:	CM13-0048562		
Date Assigned:	02/21/2014	Date of Injury:	04/22/2008
Decision Date:	12/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/06/2013

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:

This is a 34-year-old male with a 4/22/08 date of injury. The mechanism of injury occurred while he was loading 4 bags of sand into a wheelbarrow and injured his low back. According to the most recent report provided for review, dated 8/20/13, the patient reported lower back pain and cramps in his legs. He is not currently working. Objective findings: restricted range of motion of trunk on the pelvis, lower thoracic and lumbar tenderness and spasm present, no sacroiliac or trochanteric tenderness. Diagnostic impression: chronic intractable lumbar back pain, chronic neuropathic pain in lower back, bilateral lower extremity radicular symptoms, chronic insomnia. Treatment to date: medication management, activity modification, home exercise program, lumbar brace, chiropractic treatment, surgery. The UR determination report dated 10/17/14 provided for review was incomplete. The decision regarding Norco was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325 mg, #120 was not medically necessary.