

Case Number:	CM13-0048622		
Date Assigned:	12/27/2013	Date of Injury:	01/08/2004
Decision Date:	05/28/2014	UR Denial Date:	10/28/2013
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 33-year-old male who reported an injury on 01/08/2004. The mechanism of injury was not provided. The current diagnoses include lumbar disc herniation, left S1 radiculopathy, history of L4-5 annular tear/degenerative disc disease, postoperative headaches, and acute or chronic lumbar sprain/strain. The injured worker was evaluated on 10/18/2013. The injured worker reported ongoing pain in the lower back, with radiation to the left lower extremity. The prior conservative treatment was not mentioned. The current medications include Norco 10/325 mg. The physical examination revealed tenderness to palpation with limited lumbar range of motion. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-82.

Decision rationale: The Chronic Pain Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The guidelines also indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 01/2013. There is no documentation of objective functional improvement. The injured worker continues to report ongoing pain. Satisfactory response to treatment has not been indicated. Therefore, the request cannot be determined as medically appropriate. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.