

Case Number:	CM13-0049318		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2006
Decision Date:	03/31/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 64 year-old with a date of injury of 09/30/06. It was described as an industrial injury, but not further specified. A progress note included by [REDACTED] dated 10/17/13, identified subjective complaints of low back pain radiating into the legs. Objective findings included an antalgic gait. He has decreased range-of-motion of the lumbar spine. There was tenderness to palpation. Motor function was normal. Diagnoses indicate that the patient has "Chronic intractable low back pain secondary to lumbosacral degenerative disc disease". He has been treated with an opioid in excess of a year. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "Norco 10/325 #240".

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work,

improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off work. There is no evidence of any improvements in function or diminutions in pain achieved as a result of ongoing Norco usage. If any, the documentation on file suggests that the applicant is very frustrated with his situation and is having difficulty performing even basic activities of daily living, such as sitting, standing, and walking. Finally, it is noted that the applicant's current consumption of hydrocodone at a rate of eight tablets a day does result in a total hydrocodone daily dosage of 80mg per day, which is seemingly in excess of the 60mg maximum dosage recommended by guidelines. Therefore, the request is not medically necessary.