

Case Number:	CM13-0052586		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2010
Decision Date:	03/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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, has a subspecialty in Pulmonary Diseases 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 48-year-old injured worker who reported an injury on 10/18/2010. The patient reportedly strained her low back pain while bending over to pick up a box. The patient is currently diagnosed with lumbago with radiculopathy, sacral radiculopathy, and SI joint pain. The patient was seen by [REDACTED] on 12/27/2013. The patient reported ongoing lower back pain with throbbing and spasm down the lower extremities. Physical examination revealed decreased muscle strength, positive straight leg raising, positive compression testing to the right SI joint, tenderness to palpation, and positive Patrick's testing to the right. Treatment recommendations included continuation of current medication including Inderal, Norco, and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg #120, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. As per the documentation submitted, the patient has continuously utilized this

medication. Despite ongoing treatment, the patient has continuously reported persistent back pain with throbbing and spasm down the lower extremities. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Ongoing use of this medication cannot be determined as medically appropriate. The request for a pharmacy purchase of Norco 5-325mg #120, no refills, is not medically necessary and appropriate.