

Case Number:	CM13-0053588		
Date Assigned:	12/30/2013	Date of Injury:	05/09/1997
Decision Date:	03/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Rheumatology and is licensed to practice in Maryland. 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 63 year old male with date of injury 5/9/1997. The mechanism of injury is described as injury while picking up a heavy bucket. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy, chiropractic care and medications. Radiographic reports are not included in the available medical records. Objective: Decreased range of motion of the lumbar spine in all planes; decreased sensation in the right L3-S1 dermatome; mild motor weakness 4+/5 in the right tibialis anterior and extensor hallucis longus muscles. Diagnoses: chronic low back pain, bilateral lumbar radiculopathy. Treatment plan and request: Norco 5/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 84-85, 93.

Decision rationale: This 63 year old male has had chronic lower back pain since date of injury 5/9/1997. He has been treated with physical therapy, chiropractic care and Norco since at least

01/2013. There are no adequate physician provider notes that address the specific indications for ongoing use of opioids in this patient as well as assess the patient with respect to function, specific benefit, return to work, signs of abuse and discussion of treatment alternatives other than opioids. There is no documentation of specific functional benefit or adequate monitoring during the documented office visits. With this lack of documentation and per the MTUS guidelines cited above, Norco is not indicated as medically necessary.