

Case Number:	CM13-0054075		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2007
Decision Date:	05/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Texas. 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 42-year-old male who reported an injury on 7/6/07. The mechanism of injury was not provided. The injured worker is diagnosed as status post hardware removal with subsequent wound infection and pulmonary embolism, postoperative bilateral lumbar radiculopathy, status post L5-S1 fusion with persistent pain, and scar allodynia at the abdominal incision. The injured worker was evaluated on 9/10/13. The injured worker reported ongoing lower back pain with bilateral lower extremity radiation. The injured worker also reported increased pain around the abdominal incision. Physical examination revealed tenderness to palpation around the abdominal incision secondary to scar allodynia. Treatment Final Determination Letter for IMR Case Number CM13-0054075 3 recommendations at that time included continuation of current medication, including Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 NORCO 10/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Norco 10/325mg since at least July 2013. Despite ongoing use of this medication, the injured worker continues to report lower back pain with radiation to bilateral lower extremities. There is no indication of a satisfactory response to treatment. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.