

Case Number:	CM13-0056092		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2009
Decision Date:	03/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 45-year-old male who reported an injury on 12/18/2009. The mechanism of injury was not specifically stated. The patient is diagnosed with right L2 radiculopathy, central disc protrusion at L2-3, lumbar stenosis, lumbar facet joint arthropathy, lumbar sprain/strain, and right ear acoustic neuroma. The patient was seen by [REDACTED] on 10/29/2013. The patient reported persistent right lumbar back pain with radiation to the right lower extremity. Physical examination revealed tenderness to palpation, restricted lumbar range of motion, positive discogenic provocative maneuvers and decreased strength. Treatment recommendations included continuation of current medication including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Norco 10/325 #90 with two (2) refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.