

Case Number:	CM13-0065740		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2009
Decision Date:	05/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 male with an injury date of 10/16/09. Based on the 01/17/12 AME provided by ■■■■■■■■■■, the patient's diagnoses include probable facet/sacroiliac joint sprain/strain on the left (no specific location provided) and status post lumbar radiculopathy. ■■■■■■■■■■ is requesting for one prescription of Norco 10/325 #120. The utilization review determination being challenged is dated 12/02/13 and recommends denial of the Norco. ■■■■■■■■■■ is the requesting provider and provided one AME report from 01/17/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE PRESCRIPTION FOR NORCO 10/325MG #120:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: According to the 01/17/12 AME by the treating provider, the employee presents with probable facet/sacroiliac joint sprain/strain on the left (no specific location

provided) and status post lumbar radiculopathy. The request is for one prescription for Norco 10/325 mg #120. This 01/17/12 AME states that the employee is currently on Norco. The first indication of the employee taking Norco was noted on the treating provider's 01/25/11 progress report, as stated on the AME. There is no discussion regarding how Norco has been instrumental in improving this employee's function and quality of life. There were no pain scales provided either. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, the MTUS guidelines pages 88 and 89 state: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this employee in terms of pain and function. Recommendation is for denial.