

Case Number:	CM13-0066379		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2002
Decision Date:	04/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 patient is a 51-year-old male who reported an injury on 09/01/2002. The mechanism of injury was not specifically stated. The patient is currently diagnosed with low back pain, sacroiliac pain, lumbosacral degenerative disc disease and chronic pain. The patient was seen by [REDACTED] on 09/13/2013. The patient reported persistent pain. Physical examination revealed tenderness to palpation of the lumbar spine with reduced range of motion. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF 240 NORCO 10/325MG WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Hydrocodone/Acetaminophen.

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 patient has continuously utilized

this medication. Despite ongoing use, the patient continues to report moderate pain with activity limitations. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

PRESCRIPTION FOR 60 IBUPROFEN 600MG WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitations. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.