

Case Number:	CM13-0066677		
Date Assigned:	01/03/2014	Date of Injury:	01/24/2008
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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 67 year old female with date of injury 1/24/2008. The primary treating physician's progress report dated 10/30/2013 states subjective complaints as continuing right sided lower back pain. The patient claims it is severe in nature and prevents her from sleeping at night. She notes that there is little benefit from her medication. Objective findings: tenderness about the right-sided lower lumbar paravertebral musculature and the right sacroiliac joint. Strength in the lower extremities is intact. Diagnosis are lumbar spinal stenosis, L3-4, a history of lumbar discectomy and laminectomy, L4-5, and obesity. Medications include, Ketamine, Diclofenac, Indomethacin, Lidocaine Cream, SIG Apply 1-2 pumps to affected area 3 times daily, Norco 10/325 mg tabs SIG 1 tab bid-tid, and Vesicare tabs (Solifenacin succinate tabs) per PCP. The patient has been taking Norco since at least October 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The patient has been taking Norco since at least October of 2012 as documented in the medical record. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The request for Norco 5/325mg #60 is not medically necessary and appropriate.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The request for 10/325mg #30 is not medically necessary and appropriate.