

Case Number:	CM13-0068161		
Date Assigned:	01/03/2014	Date of Injury:	05/15/2000
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 38-year-old male who reported an injury on 05/15/2000. The mechanism of injury was not provided. The progress report dated 11/12/2013 indicated the patient had complaints of lower back pain that radiated down the right leg. Upon examination anteflexion of the trunk on the pelvis allows for 10 degrees of flexion, extension was 5 degrees, rotation was 10 degrees bilaterally, and lateral flexion was 10 degrees bilaterally. There was right paralumbar tenderness at L2 to L5-S1 without any sacroiliac or trochanteric tenderness. There were some lumbar spasms noted. The diagnosis provided was chronic lumbar pain from large right L5-S1 disc herniation with right leg radicular symptoms with the patient's last MRI scan from 2005; history of right shoulder pain due to using his walking cane in the past; status post non-industrial tooth extraction; and depression. Medications included Norco 10/325 mg 4 times daily, Soma 350 mg every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids, which include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The records submitted for review failed to include documentation of pain relief using a VAS, the occurrence or nonoccurrence of side effects, objective functional improvement with use of medication, and the occurrence or nonoccurrence of any potentially aberrant or non-adherent drug-related behaviors. The request for Norco 10/325 mg #240 is not medically necessary and appropriate.