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| Case Number: | CM14-0000337 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 01/01/2004 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi and Texas. 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 claimant is a 62-year-old male who was injured on January 1, 2004. The original injury is described as occurring from a slip and fall on ice. The clinical progress note, dated December 18, 2013, indicates the claimant presents with continued low back pain. Previous interventions have included cervical fusion on February 15, 2012 and lumbar surgery with laminoforaminotomy and discectomy at L4-S1 on October 31, 2012. The claimant has continued complaints of lower extremity symptoms. The claimant has a documented pain score of 7/10 after medications. The previous clinical progress note from September 18, 2013 also does not document pain level with and without medication or improvement in function while utilizing the Norco. The utilization review in question was rendered on December 26, 2013. The reviewer modified the request from 120 tablets with 2 refills to 84 tablets with 0 refills. The reviewer notes that the claimant is currently utilizing MS Contin and has a daily MED of 160. The reviewer additionally notes that there is no documentation of improvement in pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The MTUS has specific criteria laid out for continuation opioid management. This includes evaluation of functional benefits and pain relief from the medications. Based on the clinical documentation provided, the clinician has not documented a response to the medication other than to indicate the pain is 7/10 with medication. The clinician does not indicate what level the pain is without medication or if any functional improvement is noted while on medication. As such, the request is considered not medically necessary.