

Case Number:	CM14-0004731		
Date Assigned:	01/22/2014	Date of Injury:	01/21/2004
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 76-year-old male who reported an injury on 01/21/2004. The mechanism of injury was not stated. Current diagnoses include facet-mediated lumbar pain, chronic low back pain/facet osteoarthritis, and diabetes mellitus. The injured worker was evaluated on 12/17/2013. The injured worker reported persistent lower back pain rated 4/10. The injured worker was status post lumbar rhizotomy at L3-5 on 11/07/2013. Physical examination revealed an antalgic gait, positive facet challenge to the lumbar spine bilaterally, tenderness to palpation over the L3-5 facets, 4/5 quadriceps strength, 4/5 right anterior tibialis strength, 4/5 right EHL strength, and 4/5 left EHL strength with positive straight leg raise. Treatment recommendations included continuation of current medication.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 01/2013. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. Additionally, there is no frequency listed in the current request. Therefore, the request is non-certified.