

Case Number:	CM14-0008238		
Date Assigned:	02/12/2014	Date of Injury:	10/21/2007
Decision Date:	07/17/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 Family Practice and is licensed to practice in California, Virginia, and Tennessee. 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 46 year old male who reported an injury on 10/29/07 when he was lifting a pallet. The injured worker subsequently had complaints of low, mid-back and neck complaints. The clinical note dated 07/03/13 indicated the injured worker reported continued neck and low back pain. The pain was rated as 8/10 on the visual analog scale. The injured worker described the pain as an aching, burning, throbbing, stiff, and spasming pain. The patient reported the pain from the cervical spine into the lumbar spine. The injured underwent a course of aquatic therapy. The clinical note dated 08/29/13 indicated the patient reported ongoing cervical pain rated at 7-8/10 with back stiffness, radicular pain in the bilateral upper extremities, and weakness. Medication list included Gabapentin, DSS, MSContin, Lidoderm patch, felodipine, Cymbalta, and Norco. Utilization review dated 01/06/14 resulted in partial certification for the continued use of Norco 10/325mg in order to complete a weaning program off of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODIFIED OR PARTIAL CERTIFICATION FOR NORCO 10/325 MG #74: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 91.

Decision rationale: The request is non-certified. Clinical documentation indicates the patient previously being approved for a weaning process off of Norco. However, no information was submitted regarding response to the weaning process. No adverse reactions thereto were identified to the reduction in the medication administration. Given these factors, it does not appear that a continued weaning would be appropriate for this patient at this time.