

Case Number:	CM14-0008443		
Date Assigned:	02/10/2014	Date of Injury:	12/04/2006
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 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:

This is a 50-year-old female patient with a December 4, 2006 date of injury. A December 12, 2013 progress report indicated that the patient continue have diffuse lower back pain radiating to the buttocks but not down the legs. She reported that pain level without pain medicine was 8-9/10, and with Norco 5-6/10. Objective findings demonstrated restricted range of motion in the lumbar spine. She was diagnosed with chronic back pain and myofascial pain. On September 13, 2013 the patient required Tramadol, Amitriptyline and Norco to enjoy reasonable quality of life and dined drug side effects. The treatment to date included medication management. There is documentation of a previous January 2, 2014 adverse determination, based on a fact that there were no significant positive objective orthopedic/neurologic findings to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED NORCO 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no significant ongoing assessment of efficacy. In addition, co-morbidity objectively remained unaddressed in terms of narcotic management. There was no documentation to support initiation of tapering. Therefore, the request for Norco 10/325 #120 was not medically necessary.