

Case Number:	CM14-0008790		
Date Assigned:	02/12/2014	Date of Injury:	02/01/2008
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
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 Orthopedic Surgery, 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:

The injured worker is a 45-year-old female with report of industrial related injury on February 1, 2008 per progress note dated December 23, 2013. The current complaint is for low back and lower extremity pain. The injured worker was present for a medication refill, the pain level was described as 6/10. A slight improvement in standing tolerance is also noted. Twenty separate medications are listed as being employed at this time. It is noted the injured employee continues to smoke one pack per day and has done so for more than thirty years. A urine drug screen was consistent with hydrocodone. The physical examination noted no acute distress. An antalgic gait pattern is reported, through evidence of muscle spasm, however, there was some tenderness to palpation. Straight leg raising was negative bilaterally. A recent radiofrequency lesioning has been completed and a 50% pain relief is noted. The diagnoses are lumbar disc disorder, sacroiliac instability, spondylolisthesis and radiculopathy. It is noted the injured worker is cleared to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, QTY: 30: Overturned

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, CHAPTER OPIOIDS, 80-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 80.

Decision rationale: When noting the date of injury, the most recent physical examination completed and presented for review, taking into consideration a clearance to return to work and the amount of medication already prescribed, there is a clear clinical indication for thirty tablets to conduct a weaning protocol. The request for Norco 10/325 mg, 210 count, is medically necessary and appropriate.

NORCO 10/325 MG, QTY: 210: 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, CHAPTER OPIOIDS, 80-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 80.

Decision rationale: There is noted improvement in the overall clinical situation. The injured employee was cleared to return to work in December, 2013. There were no restrictions other than an ergonomic workstation. In that weaning protocol was initiated, there is no support for continued use of this amount of narcotic analgesics. The request for Norco 10/325 mg, 210 count, is not medically necessary or appropriate.