

Case Number:	CM14-0012776		
Date Assigned:	02/21/2014	Date of Injury:	03/29/2008
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in 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:

This is a 46-year-old male with a 3/29/08 date of injury. The mechanism of injury was pulling a dolly with 100 plates over a sloping grassy area. In a 2/12/14 progress note, the patient complained of increasing pain in his low back and weakness in his right lower extremities since his last visit. He denies any new accidents or injuries and is not working. The patient reported that he benefits from his current pain medicine regimen, which consists of Norco 10/325 mg for breakthrough pain. He reported his pain level at a 7/10 with medications and 10/10 without medications. He denies any side effects from his medications except for constipation which he treats with over-the-counter stool softeners. Objective findings included tenderness with mild spasm in the left paralumbar muscles, range of motion is significantly limited to flexion 20 degrees, extension 0 degrees, right lateral bending 10 degrees, and left lateral bending 0 degrees. The diagnostic impression is of status post anterior and posterior lumbar fusion at L3-L4 with instrumentation, left L5 radicular pain, severe depression, slightly elevated AST and ALT. Treatment to date has been medication management, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In the reports provided for review, there is no documentation of significant pain reduction or improved activities of daily living. The patient continues to complain of continuing or worsening back pain in the notes reviewed, dating back to at least 6/4/13. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request is not medically necessary.