

Case Number:	CM14-0018311		
Date Assigned:	04/18/2014	Date of Injury:	03/26/2007
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation, and Pain Medicine, and is licensed to practice in Minnesota. 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 52-year-old male who reported an injury on 3/26/07. The mechanism of injury was not specifically stated. Current diagnoses include lumbar disc disorder, post-laminectomy syndrome, and depression with anxiety. The injured worker was evaluated on 1/22/14. The injured worker reported persistent lower back pain with left upper and lower extremity numbness. Current medications include Norco 10/325mg. Physical examination revealed restricted lumbar range of motion, hypertonicity, spasm, tightness and tenderness, positive straight leg raising bilaterally, decreased strength, and intact sensation. Treatment recommendations at that time included continuation of current medication and authorization for a Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/120MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 74-82

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325mg since July 2013. There is no evidence of objective functional improvement. Additionally, there is no frequency listed in the current request. As such, the request is not medically necessary.

1 MULTIDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 30-33

Decision rationale: The California MTUS Guidelines state that Functional Restoration Programs are recommended, with the prerequisite that an adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment with an absence of other options that are likely to result in significant clinical improvement. There is no indication that negative predictors of success have been addressed. Based on the clinical information received and the California MTUS Guidelines, the injured worker does not currently meet criteria for the requested service. As such, the request is not medically necessary.