

Case Number:	CM14-0111718		
Date Assigned:	08/01/2014	Date of Injury:	04/04/2003
Decision Date:	09/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Pain Management and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 04/04/2003 secondary to a fall. Previous conservative treatment includes medication management, physical therapy, and epidural steroid injections. The current diagnoses include lumbar degenerative disc disease, status post ventral hernia repair, diabetes mellitus, hypertension, and GERD. The injured worker was evaluated on 06/18/2014 with complaints of persistent lower back pain with activity limitation. The injured worker also reported stomach pain. Physical examination revealed decreased lumbar range of motion, tenderness to palpation, myospasm, and mild epigastric tenderness. Treatment recommendations included continuation of the current medication regimen of Atenolol, Lisinopril, Norco, Tramadol ER, Omeprazole, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 01/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.