

Case Number:	CM14-0116431		
Date Assigned:	08/04/2014	Date of Injury:	09/28/2011
Decision Date:	09/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 underlying date of injury in this case is 09/28/2011. The patient's diagnoses include persistent low back pain with possible lumbar facet syndrome. The patient was seen in primary treating physician followup on 04/22/2014. At that time the patient was noted to have been receiving acupuncture treatment which the patient felt was beneficial and reduced the patient's pain level. The patient was still walking on a daily basis and was caring for her home, including cooking and cleaning. The patient had been packing and moving recently, which irritated her back. The patient was not have any side effects to medications. Medications included Norco, Voltaren E.R., and Flexeril. Overall the patient felt acupuncture was significantly helpful and was decreasing her pain level. Continued acupuncture was recommended. The treating physician dispensed Norco, Voltaren, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg q.i.d #120 for the purpose of weaning to discontinue over a weaning period of 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: PAIN CHAPTER.

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

Decision rationale: The MTUS Guidelines, section on opioids for chronic pain, page 80, indicate that the long-term efficacy of opioids for chronic back pain appears to be limited. The medical records in this case do not clearly document functional goals or benefits requiring opioids; rather, the medical records indicate that non-opioid treatment, including acupuncture and exercise, are providing significant benefits to the patient. The records do not provide a rationale to support continued ongoing opioid use in the current chronic situation. This request is not medically necessary.