

Case Number:	CM14-0172858		
Date Assigned:	10/23/2014	Date of Injury:	08/10/2006
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Interventional spine 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 patient is a 58-year-old male with date of injury of 08/10/2006. The listed diagnoses per [REDACTED] from 09/09/2014 are: 1. Psychalgia. 2. Osteoarthritis of the hip. 3. Displacement of the lumbar intervertebral disk without myelopathy. 4. Enthesopathy of the hip region. 5. Degeneration of the lumbar intervertebral disk. According to this report, the patient complains of diffuse low back pain which is stable with his current treatment. The patient reports the same pain symptoms since his last visit. He rates his pain 5/10 to 7/10 and states that it fluctuates between 5-9/10. His pain is constant, but variable in intensity. Associated symptoms include left lower extremity weakness, numbness in the left lower extremity, tingling, stiffness, and spasms of the lower back. He continues to rely on Norco 10/325 mg in order to manage his pain, so he can carry out his walking/exercise program including tending to household and family obligations. The patient states that the medications decreased his pain by more than 50%. He denies side effects or constipation. The examination shows the patient is healthy-appearing, well-nourished, well-developed in no acute distress. He is alert and oriented to time, place, and person. Pain behaviors are within expected context of disease. The Utilization Review denied the request on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, On-Going Management Page(s): 88 89 78.

Decision rationale: The records show that the patient was prescribed Norco on 01/28/2013. The 03/25/2014 progress report shows that the patient continues to complain of persistent pain symptoms, but continues to walk up to twice daily for 1 to 2 hours in order to maintain strength and endurance as well as to manage pain and mood. He continues to rely on Norco 10/325mg #90 3 times a day in order to manage his pain, so he can carry out his walking program and tend to household/family obligations. In this same report, the patient demonstrates increased activity and functionally with hydrocodone. There have been no issues of misuse or diversion of medication. The side effects are minimal and controllable. The 05/19/2014 report notes that the patient continues to complain of chronic low back pain and bilateral lower extremity pain related to lumbar degenerative disk disease, lumbar radiculopathy, and regional myofascial pain. The patient continues to rely on Norco 10/325 mg in order for him to manage his pain so that he can continue his exercise program and activities of daily living. He states that the medications decreased his pain by more than 50% and denies any side effects or constipation with its use. However, the toxicology report from 09/09/2014 shows inconsistent results with prescribed medications. In this case, the treater does not address inconsistent UDS. There is no Cures report. No validated instruments are used for functional measures and no outcome measures are documented therefore request is not medically necessary.

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