

Case Number:	CM14-0174189		
Date Assigned:	10/24/2014	Date of Injury:	02/25/2009
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
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 Occupational Medicine 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:

Patient is a 56 year-old female with date of injury 02/25/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/04/2014, lists subjective complaints as pain in the low back and depression. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, decreased range of motion and positive Kemp's test. Diagnosis: 1. Status post lumbar spine fusion with hardware. 2. Depression. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Original reviewer modified medication request to Norco 10/325mg, #60. Medications: 1. Norco 10/325mg, #120 SIG: 1 tab po 6-8H.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for norco 10/325mg #120: 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): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of 6 months. Prescription request for Norco 10/325mg #120 is not medically necessary.