

Case Number:	CM14-0174816		
Date Assigned:	10/28/2014	Date of Injury:	11/18/2009
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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:

The patient is a 36 year-old male with date of injury 11/18/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/22/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumborum over the iliac crest. Range of motion was within normal limits and did not elicit pain. Lower left extremity was notable for swelling and edema of the left foot, ankle and calf. The patient habitually wears a compression stocking. Left lower extremity was hypersensitive to palpation. Motor strength was 3/5 and there was diminished sensation to all toes on the left foot. Diagnosis is piriformis syndrome following radiofrequency; left lumbar facet pain, improved; neuropathic pain, left foot; and depression. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as eight months. Medications: Norco 10-325mg, #270 SIG: 1-2 tabs every 4-6 hours prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270 (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The MTUS 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 8 months. Therefore, the request for Norco 10/325mg #270 (30 day supply) is not medically necessary.