MAXIMUS Federal Services

Case Number:	CM14-0176787		
Date Assigned:	10/30/2014	Date of Injury:	07/19/1999
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 50 year old male with date of injury 7/19/1999. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain since the date of injury. He has been treated with medications, nerve blocks and physical therapy as well as prior spine surgery (details not specified in medical records). There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, decreased sensation to pinprick in the following dermatomes: right L3-5, left L2-4. Diagnoses: failed back surgery syndrome, degenerative disc disease, lumbar radiculopathy. Treatment plan and request: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #330, as an outpatient for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Title 8, California Code of Regulations, 9792.24.2

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old male has complained of low back pain since date of injury 7/19/1999. He has been treated with nerve blocks, physical therapy and medications to include opiods since at least 02/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.