

Case Number:	CM14-0024158		
Date Assigned:	06/11/2014	Date of Injury:	03/06/2000
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 03/06/2000. The patient's treating diagnoses include lumbar facet syndrome and lumbar degenerative disc disease with associated low back pain. The patient was seen in primary treating physician followup 01/21/2014 where he was noted to have ongoing back pain radiating into the low back and down the left leg. The patient's pain level had remained unchanged. The patient's activity level had remained the same. The patient felt that overall his medications were working well. The treating physician noted the patient continued to experience functional benefit with improved capability for daily household tasks and no evidence of abuse or diversion. Therefore, the patient's opioid prescription was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #30 QTY 30 TAKE 1 EVERY 4-6 HOURS FOR PAIN (MAXIMUM 5/DAY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78, 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Opioids Ongoing Management, page 78, discussed the 4 A's of opioid management in detail, recommending detailed documentation of functional benefit to support ongoing opioid use. The Medical Treatment Utilization Schedule also specifically discusses opioids for chronic back pain on page 80 and notes that opioid treatment is effective only for short-term relief and that there is limited benefit from opioid treatment for chronic back pain beyond 16 weeks. Overall, the treatment guidelines do not support an indication for chronic opioid use in this chronic time frame more than a decade after initial injury. The medical records discuss functional benefit in general and subjective terms but not in verifiable terms according to the treatment guidelines. Overall, the medical records do not support an indication for Norco as requested. This treatment is not medically necessary.