

Case Number:	CM14-0027808		
Date Assigned:	06/16/2014	Date of Injury:	12/10/2008
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehab and is licensed to practice in Louisiana. 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 46 year old male who was injured on 12/10/2008 when he was pulling a water hose, causing a strain of the back muscles. Prior treatment history has included The patient underwent a L5-S1 laminectomy, KLIF and PSF dated 01/04/2012. Prior medication history as of 12/12/2013 included Lidoderm patch, Norco, Ambien, and Paxil, Topamax, and hydrochlorothiazide. The patient has been taking Norco since 07/25/2013. Progress report dated 01/08/2014 reported the patient complained of pain. He rated his pain as 9/10. No exam has been provided. Prior utilization review dated 02/06/2014 denied Norco 10/325 mg because it is not medically necessary. There is no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #32 ON 1/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend continued monitoring of functional improvements with the use of this medication. This patient has chronic

pain and has been utilizing this medication long-term. The documentation provided does not contain objective findings of functional improvement with the use of this medication. There is no documentation of a urine drug screen to monitor for aberrant behaviors. This medication is not medically necessary.