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| Case Number: | CM14-0042672 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 02/03/2009 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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 and 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 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 underlying date of injury in this case is 02/03/2009. The initial mechanism of injury is that a 100-pound piece of concrete fell onto the patient's left lower extremity. The patient's diagnosis is a failed back syndrome, with a history of a lumbar laminectomy in December 2012. On 01/08/2014, a PR-2 report from the primary treating physician noted ongoing pain including antalgic gait with a cane. The patient was found to be neurovascularly intact. The patient reported more consistent spasms with pain in the back and sporadic numbness in both feet. The patient was not working. Medications at that time included Norco, Soma, Ambien, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines When to Discontinue Opioids, On-Going Management, Opioids for Chronic Pain, Tolerance and Addiction Page(s): 78-80, 81, 82.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss at length the four A's of opioid management, outlining in detail the importance of monitoring pain relief, functional status, appropriate medication use, and side effects. The medical records at this time document some subjective reports of benefit from opioids but overall provide very little objective or verifiable details. Additionally, there is limited discussion of screening or risk factors for aberrant behavior. Overall, the medical records do not document the four A's of opioid management as defined or outlined in the treatment guidelines. This request is not medically necessary.