

Case Number:	CM14-0049036		
Date Assigned:	06/25/2014	Date of Injury:	01/03/2009
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 Orthopedic Surgery, 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 injured worker is a 30 year-old male who was injured on January 3, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of low back and bilateral lower extremity pain. The physical examination demonstrated a 5'11, 275 pound individual with an antalgic gait pattern, well healed surgical scars, decreased motor function and decreased deep tendon reflexes. There is no evidence of intoxication or medication withdrawal. Diagnostic imaging studies are referenced, but not presented for review. Previous treatment includes numerous previous surgical interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: This is an individual with a long history of chronic opioid use. It is also noted that there were multiple surgical procedures and additional procedures may be required. It

is also understood that the medications were stolen, as well as that inconsistent utilization was identified on the screening protocols. Given that there is no noted opioid contract, there is no objectified increase in functionality or overall improvement with activities of daily living, there simply is insufficient clinical data to establish the medical necessity for this medication.