

Case Number:	CM14-0051217		
Date Assigned:	06/25/2014	Date of Injury:	06/29/2009
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 noted to have chronic low back pain with right lower extremity radiation of pain. There is numbness and tingling in the right lower extremity. A 12/3/13 note indicates pain in the low back. Pain is at 3/10 with medications and 9/10 without medications. Examination noted reduced range of motion with tenderness to palpation and decreased sensation in the right leg. An 11/5/13 note indicates low back pain that has not improved with drug therapy, activity modification, or physical therapy. Medications were listed as norco, tizanidine, alprazolam, and methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 1 by mouth every 6-8 hours as needed.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines = Page(s): 75-79.

Decision rationale: The medical records provided for review report improvement in pain with pain medication, but do not indicate documentation of opioid risk mitigation tools or ongoing

monitoring of opioid use. Opioids are not recommended in a condition where opioid risk mitigation is not being performed. As such, the request is not medically necessary.