

Case Number:	CM14-0061400		
Date Assigned:	07/09/2014	Date of Injury:	01/24/2010
Decision Date:	08/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 New York. 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 51-year-old male with a date of injury of January 24, 2010. The patient has chronic low back pain. He's been diagnosed with bilateral L5-S1 radiculopathy on electrodiagnostic studies. The patient continues to have chronic low back pain. He takes Norco for pain. Physical examination demonstrates decreased sensation over right L4-L5. There is weakness of right EHL (Extensor Hallucis Longus) and right ankle dorsiflexion. At issue is whether refills of Norco are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation ODG - Criteria For use of Opioids.

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

Decision rationale: The patient does not meet criteria for continued Norco use. Specifically, guidelines do not recommend opioid use in the long-term for chronic low back pain. The medical records do not document that the patient is involved in a functional restoration program. In addition, the medical records do not document functional improvement and significant

reduction of pain with previous narcotic usage. Guidelines for continued use of narcotics are not met.