

Case Number:	CM14-0078802		
Date Assigned:	07/18/2014	Date of Injury:	12/04/2007
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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:

Patient is a 38 year-old male with date of injury 12/04/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/30/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and spasm along the paravertebral musculature. Range of motion was decreased in all planes due to pain. Straight leg test was positive bilaterally. Sensory examination revealed decreased sensation bilaterally at L4-5 and L5-S1. Motor weakness was noted bilaterally at 4/5. Diagnosis: 1. Lumbar Discogenic disease L4-5 and L5-S1 2. Lumbar radiculopathy 3. Status post lumbar fusion 4. Symptomatic hardware 5. Weight loss of unknown origin. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Norco 10/325mg, #180 SIG: 1 PO Q 4-6H.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The request is not medically necessary.