

Case Number:	CM14-0124616		
Date Assigned:	08/08/2014	Date of Injury:	05/31/2013
Decision Date:	04/14/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 46 year old male who sustained an industrial injury on 05/31/2013. He presents on 07/08/2014 with lumbar spine pain rated at 7/10. The injured worker wanted to continue with therapy however he stated he only has temporary relief. Diagnoses were spondylotic changes lumbar spine, lumbar 3-4 spinal canal stenosis, lumbar 4-5 annular tear, lumbar 4-5 - 2-3 mm disc bulge, lumbar 5-sacral 1 - 3-3 mm disc bulge and lumbar 5-sacral 1 annular tear. The plan of treatment was to continue with therapy and pain medications. The only record submitted for this review is dated 07/08/2014 and does not document prior complaints or treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 46 year old male with an injury on 05/31/2013. He has back pain. MTUS, Chronic Pain, guidelines for on-going opiate treatment require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet this criteria and long term Norco (90 tablets) and this should be weaned.