

Case Number:	CM14-0190585		
Date Assigned:	11/18/2014	Date of Injury:	07/01/1997
Decision Date:	01/07/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family 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 patient is an adult male with several remote dates of injury, including 1991, 6/29/1993, and 7/1997. For chronic back pain the patient had a Lumbar MRI performed, which showed L3-L4 disc bulge, Spondylolisthesis at L4-L5, and degenerative changes. He also underwent an EMG study, which showed a left sural sensory neuropathy. He carries such diagnoses as lumbar disc disease with herniation, spondylolisthesis, and diverticulitis. He has previously been treated with Lumbar Epidural Steroid Injections, and physical and chiropractic therapy. He has a history of cervical spine surgery. He has also been treated with medications that include chronic narcotics. A utilization review physician did not certify a request for a refill of this patient's chronic narcotic medication, Norco. Therefore, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In this patient's case there was no adequate documentation of objective functional improvement with this narcotic medication. Therefore, it is not considered medically necessary.

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