

Case Number:	CM14-0205946		
Date Assigned:	12/18/2014	Date of Injury:	08/07/2003
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 08/07/2013. The date of the utilization review under appeal is 11/21/2014. This patient's treating diagnoses include chronic low back pain with lower extremity radicular symptoms and chronic cervicgia. On 10/28/2014, the patient was seen in secondary treating physician orthopedic followup regarding his ongoing low back pain. The patient complained of low back pain at 4-5/10 and also pain into the legs, left greater than right. The patient reported that he was taking medications which helped; specific details were not provided. The orthopedic physician diagnosed the patient with an active radiculopathy and recommended acupuncture and aquatic therapy. Previously on 07/22/2014 the patient was seen in primary treating pain physician followup. The patient reported increased pain due to being homeless, and the patient reported thigh pain as well in addition to low back pain and neck pain. The patient was on a stable medication regimen with no complications. The patient's pain was exacerbated by heavy lifting. The treating physician reported that the 4 A's of opioid management were "okay."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses principles of ongoing medication management, including the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. These details are discussed only in general terms but not substantially in the treatment notes. Particularly given the chronicity of this injury at over a decade old, the records and guidelines do not support this request. This request is not medically necessary.