

Case Number:	CM14-0211974		
Date Assigned:	01/02/2015	Date of Injury:	05/05/2005
Decision Date:	02/23/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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: California
 Certification(s)/Specialty: Family Practice

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 had a date of injury on 5/5/2005. Falling boxes struck the patients neck and upper back. Patient was evaluated and had low back pain with no radiculopathy. Patient was treated for lumbar facet mediated pain from 2006-2009 which has been unsuccessful. Patient has had ESI, medications. In the progress note dated 10/26/2014 the patient continued to complain of low back and right leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, opioids should only be continued if there is functional improvement. The MTUS guidelines also state that chronic use of opioids can lead to dependence and addiction. According to the patient's

medical records, it does not state the patient has functional improvement with Norco usage. Therefore, the request for Norco 10/325mg #60 is not medically necessary.