

Case Number:	CM14-0006354		
Date Assigned:	03/03/2014	Date of Injury:	02/08/1998
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/16/2014

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:

This is a 64-year-old female with a 2/8/98 date of injury. The patient was seen on 12/20/13 3 months post a posterior spinal fusion on 9/4/13. She had complaints of low back pain, and reported improved pain with medications. Exam findings revealed no pain to palpation of the L spine and she was neurologically intact. Her diagnosis was cline sprain. A 12/23/13 progress note indicated the patient had decreased range motion with plan in the cervical n d thoracic spines, as well as right ankle strength. A Utilization Review (UR) decision dated 12/17/13 modified the request from #100 to #20 as there was no objective evidence of functional improvement or pain reduction. Treatment to date: lumbar surgery, chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO QUANTITY 100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effect. This patient has a 2005 date of injury. It is unclear when she started this medication, or how many tablets she takes per day. There is no description of VAS with and without medication, no description of functional gains, no evidence of monitoring, and no pain contract. In addition, the request does not identify the strength of Norco requested. Moreover, prior UR decisions were to initiate a taper. Thus, the request for Norco quantity 100 was not medically necessary.