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| Case Number: | CM14-0137092 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/27/2012 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 08/07/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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:

One left L4-L5 selective nerve root block was certified. The request for the Norco 2.5 mg #120 was not certified. Per the records provided, the patient was described as a 46-year-old male injured on September 27, 2012. The patient was being treated for chronic lumbar pain. There was diagnostic imaging which showed a clear 4 mm posterolateral disc bulge at the level of L4-L5. Also, documentation was provided showing evidence of decreased sensation in the L4 dermatomal distribution. There was insufficient available progress reports to reveal any quantified evidence of subjective for functional improvement in regards to the opiate therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 88. The Expert Reviewer's decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis

changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.