

Case Number:	CM14-0184926		
Date Assigned:	11/12/2014	Date of Injury:	04/06/2010
Decision Date:	12/30/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 04/06/2010. The date of the utilization review under appeal is 10/07/2014. The patient's diagnoses include recurrent disc herniation, status post right L4-L5 laminotomy and microdiscectomy in October 2012, and status post lumbar fusion in April 2014. On 09/12/2014, an orthopedic spine surgeon note indicated the patient was making progress with a home exercise program and had recently started in physical therapy. The treating physician anticipated it would take approximately 6 weeks for the patient to finish her physical therapy. She was to continue weaning her medication during this time. An initial physician review in this case note that given the patient's range of motion in the back as well as normal neurological examination there was no indication for opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

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/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discuss the four A's of opioid management. In this case, the treating physician has discussed these four A's of opioid management and specifically notes the patient is completing physical therapy and notes a plan to taper the patient's medications. Continued use of opioid medication in this timeframe is supported by the treatment guidelines for the reasons discussed by the treating physician. This request is medically necessary.