

Case Number:	CM14-0186950		
Date Assigned:	11/17/2014	Date of Injury:	08/06/2012
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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:

There were 147 pages provided for this review. There was an application for independent medical review dated November 10, 2014. It was for Norco 10\325 mg. There was a denial of care letter from October which was reviewed. The actual utilization review was done on October 10, 2014. Per the records provided, he is two years and two months from the onset of symptoms which resulted from a motor vehicle accident. The diagnosis was lumbar spinal stenosis. He had an emergency room visit, exam, physical therapy, medicines and an MRI. ESI number one to the right L4 foramen was certified and actually done on January 30, 2013. There was no detailed discussion of the efficacy of prior treatment. There was no detailed discussion of the efficacy of opiate and non-opiate medicines. There was no documentation to decrease or discontinue the opiates. There was no comparison with prior exams. The current exam showed tenderness to palpation of the para lumbar area and range of motion deficits. Restricted motion of the lumbar spine was noted on physical exam. The request was for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

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

Decision rationale: The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed continuance of opiates, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Also, in regards to the long term use of opiates, 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 especially is no documentation of functional improvement with the regimen. Therefore, MTUS criteria are not met to continue the services and the request for Norco 10/325 #60 is not medically necessary and appropriate.