

Case Number:	CM14-0080497		
Date Assigned:	07/18/2014	Date of Injury:	08/30/2002
Decision Date:	09/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old male who is reported to have sustained work-related injuries on 08/30/02. There is a reference to a closed head injury. Most recent clinical notes indicate that the injured worker is status-post microdiscectomy at L4-5 and L5-S1 performed on 01/12/11. He later underwent a lumbar fusion on 08/24/11 involving the L4-5 and L5-S1 levels. Postoperatively, the injured worker's course was complicated by a cerebral vascular accident on 08/25/11, which subsequently left him with the left hemiparesis. The records indicate that historically the injured worker has chronic low back pain and residuals from the cerebrovascular accident that have benefited from the use opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg once daily as needed for pain #60 for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The records indicate that the injured worker has previously been provided Norco 10/325mg once daily that reduces his pain level to a 6/10. The record does not provide

any data that indicates abhorrent behavior. The records reflect that the injured worker is functionally limited secondary to residuals of the cerebrovascular accident. It is clear from the subjective data that the injured worker receives substantive benefit and therefore medical necessity is established.