

Case Number:	CM14-0211693		
Date Assigned:	12/24/2014	Date of Injury:	09/21/1998
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 60-year-old male who reported an injury on 09/21/1998. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with low back pain, lumbar facet pain, bilateral sacroilitis, myofascial pain, left knee pain, and left knee osteoarthritis. The injured worker presented on 11/15/2014 with complaints of persistent low back pain. The injured worker also reported radiating pain into the left hip and thigh. Repetitive activity aggravated pain. The current medication regimen includes methadone 10 mg and Norco 10/325 mg. Upon examination, there were spasms noted in the lumbar paraspinal muscles, stiffness in the lumbar spine, an antalgic gait, tenderness in the lumbar facet joints bilaterally, tenderness at the left posterior superior iliac spine, intact sensation, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized this medication since at least 07/2014. There is no documentation of objective functional improvement. The injured worker continues to report persistent pain. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were also not provided. There is no frequency listed in the current request. Given the above, the request is not medically appropriate.