MAXIMUS Federal Services

Case Number:	CM14-0140048		
Date Assigned:	09/08/2014	Date of Injury:	06/21/2000
Decision Date:	10/21/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Pain Management, 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 injured worker is a 73 year-old female who sustained an injury on an unknown date. She is diagnosed with (a) chronic pain syndrome, (b) lumbosacral spondylosis without myelopathy, (c) degeneration of lumbar or lumbosacral intervertebral disc, (d) degeneration of cervical intervertebral disc, (e) depressive disorder, not elsewhere classified, (f) unspecified myalgia and myositis, (g) dyspepsia and other specified disorders of function of stomach, and (h) sacroiliitis. She was seen on July 14, 2014 for an evaluation. She had complaints of worsened low back pain across the left side than the right side and of pain that radiated to both legs and ankles. She also reported that her methadone had been increased but her pain has not really changed much. An examination of the cervical spine revealed restricted and painful range of motion. An examination of the lumbar spine revealed flattening of the lumbar lordosis. Facet tenderness was present over the bilateral lower lumbar area and over the sciatic notch. Range of motion was restricted and painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg four time daily as needed for pain #120, for the neck and low back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): page(s) 76.

Decision rationale: The request for Norco 10/325 mg #120 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. This injured worker has satisfied neither of these conditions for the past six months that she has been taking Norco. Hence, the request for Norco 10/325 mg #120 is not medically indicated at this time.