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| Case Number: | CM14-0173614 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 06/05/1994 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 68 year old male with a date of injury on 6/5/1994. Subjective complaints are of stable low back pain radiating into the buttocks and thighs. Physical exam noted normal lumbar lordosis, positive bilateral straight leg raise test, facet tenderness, and decreased range of motion. Treatment has included low back fusion at L5-S1, medications, facet joint injections, epidural injections, and radiofrequency ablation. Medications include Fentanyl patch, Lyrica, and Norco. Documentation indicated that medication provided good pain relief and increased functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient,

documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screens, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.