

Case Number:	CM14-0189458		
Date Assigned:	11/20/2014	Date of Injury:	04/05/2014
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 North Carolina. 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 patient is a 56-year-old with a reported date of injury of 04/05/2014. The patient has the diagnoses of lumbar sprain/strain and lumbar radiculopathy. Per the progress notes provided by the primary treating physician dated 07/03/2014, the patient had complaints of low back pain rated a 6-8/10 with radiation to the right leg rated a 5/10. There is also numbness and burning in the right heel/foot. The original injury occurred when the patient bent over to turn on water. The physical exam noted lumbar spine tenderness and spasm and SI joint tenderness bilaterally. There was decreased sensation in the right L5 and S1 dermatome and a positive straight leg raise test on the right. The treatment plan recommendations included physical therapy, MRI of the lumbar spine. EMG/NCV of the lower extremities and pain management consult. MRI done on 07/08/2014 showed multilevel degenerative disc disease and facet hypertrophy, multilevel neural foraminal narrowing, multilevel mild to moderate lateral recess narrowing, mild narrowing of the thecal sac at L3/4 and L4/5. Progress notes dated 09/24/2014 recommended continuation of medications and urine drug screening.

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 Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of subjective improvement in pain such as VAS scores. There is also no objective measure of improvement in function. The patient has not returned to work. The most recent progress notes from September only mention the pain medication decreases the pain level with no objective measurements. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.