

Case Number:	CM14-0209950		
Date Assigned:	12/23/2014	Date of Injury:	04/03/2000
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male who was injured on 4/3/2000. The diagnoses are lumbar radiculopathy, lumbar degenerative disc disease and low back pain. The past treatments include selective nerve root blocks on 5/13/2014 which provided significant pain relief. On 11/7/2014, [REDACTED] noted subjective complaint of low back pain. The tingling and numbness was noted to have subsided following the nerve blocks injections. There was tenderness to palpation of the lumbar paraspinal and left sacroiliac joint areas. The neurological test of the lower extremities was noted to be intact. The patient is on full work duty without restriction. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids

Decision rationale: The MTUS Chronic Pain Guidelines and the Official Disability Guidelines recommend that opioids can be utilized for the short term treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not indicate subjective or objective findings consistent with exacerbation of severe musculoskeletal pain. There was significant resolution of pain and functional improvement following selective nerve blocks procedures. The patient is functioning at full time job without restrictions. There is no documentation of failure of NSAIDs and PT. The criteria for the use of Norco 10/325mg #90 was not met. The guidelines recommend that standard safe weaning protocol be followed for patients in chronic opioids treatments.