

Case Number:	CM15-0001022		
Date Assigned:	01/12/2015	Date of Injury:	05/29/2002
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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
 Certification(s)/Specialty: Family Practice

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 56, year old male, who sustained an industrial injury on 5/29/2002. He has reported severe pain over the cervical lumbar spine that radiates down the upper and lower extremities, headaches and burning pain affecting both arm and legs and constant pain affecting the neck and low back. The diagnoses have included cervical spondylosis with myelopathy and radiculopathy; severe central canal stenosis with cord compression; multilevel lumbar degenerative disc disease; postlaminectomy syndrome of the lumbar spine; lumbar radiculopathy; right hip pain and status post opioids detoxification with suboxone. Treatment to date has included ice versus heat application and he finds cymbalta and lyrica beneficial. He has deferred right hip injections recommendations. He is status post five lumbar spinal surgeries starting in 2002 with most recent in 2005. He has had extensive conservative therapy in the past including lumbar epidural steroid injections, selective nerve root blocks and extensive previous physical therapy with limited benefit noted. According to the utilization review performed on 12/23/14, the requested Norco 10/325mg #100 has been modified to Norco 10/325mg #80, the CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009), were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage and thus is not medically necessary.