

Case Number:	CM15-0002919		
Date Assigned:	01/13/2015	Date of Injury:	08/12/2010
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 08/12/2010. The mechanism of injury was not specifically stated. The current diagnoses include lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, muscle pain, paresthesias, low back pain, and insomnia. The injured worker presented on 12/09/2014 with complaints of persistent low back pain. It was noted that the injured worker underwent hardware removal surgery on 09/30/2013. Previous conservative treatment also includes medications, physical therapy, H-Wave stimulation, and TENS therapy. The current medication regimen includes Norco 10/325 mg and gabapentin 600 mg. Upon examination, there was 5-/5 left lower extremity motor strength, decreased sensation in the bilateral lower extremities in the L5-S1 dermatome, 2+ deep tendon reflexes, and an antalgic gait. There was also tenderness over the paraspinal muscles and increased pain with flexion and extension. Recommendations included continuation of the current medication regimen. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconsideration for Medication Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There is no documentation of a failure of nonopioid analgesics. There is also no frequency listed in the requested. Given the above, the request is not medically appropriate.