

Case Number:	CM15-0004248		
Date Assigned:	01/15/2015	Date of Injury:	03/02/2012
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 51-year-old male who reported an injury on 03/02/2012 after carrying heavy bags of cement. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, TENS unit, and the use of ibuprofen and Tylenol. The injured worker was evaluated on 11/06/2014. It was noted that the injured worker was not a surgical candidate. Physical findings included tenderness and tightness across the lumbosacral area, with restricted range of motion secondary to pain and a positive straight leg raising test. It was documented that there was decreased sensation in the posterior thighs and calves, and deep tendon reflexes measured at 1+ bilaterally. The injured worker's diagnoses included lumbar degenerative disc disease with disc protrusion at the L4-5, lumbar radiculopathy, lumbar facet osteoarthritis, and myofascial pain syndrome. The injured worker's treatment plan included an epidural steroid injection at the L4-5 level, and medications to include Norco 5/325 mg and Neurontin 300 mg. The injured worker was evaluated on 12/08/2014. Physical findings included tenderness to palpation of the lumbosacral area with a positive straight leg raising test. The injured worker's treatment plan included a refill of medications and continuation of conservative treatment. There was a Request for Authorization dated 12/08/2014 submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 5/325 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the treating provider had initiated opioid therapy on 11/06/2014. A Request for Authorization was submitted on 12/08/2014 for a refill of medications. The clinical examination submitted for review on 12/08/2014 documented that the injured worker was experiencing 6/10 to 8/10 pain exacerbated by movement. There was no documentation of significant functional benefit or pain relief resulting from medication usage. Furthermore, the request as it is submitted does not identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 5/325 mg #90 is not medically necessary or appropriate.