

Case Number:	CM15-0103153		
Date Assigned:	06/05/2015	Date of Injury:	06/12/2002
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 injured worker is a female who sustained an industrial injury on 6/12/02. She currently complains of left knee pain; chronic low back pain with radiation into the right leg to the foot with numbness and a pain level of 6/10. She does experience bladder incontinence. The physical exam of the lumbar spine reveals moderate tenderness over the lumbar paraspinals, left greater than right with limited range of motion, positive straight leg raise on the left. Medications are Norco, Lyrica, Aciphex, Lexapro and ibuprofen. She had a urine drug screen on 10/2/14 that was consistent with prescribed medications. Medications enable her to perform activities of daily living. Diagnoses include lumbar internal disc derangement; lumbar post-laminectomy syndrome; lumbar fusion; lumbar radiculopathy; left knee pain. Treatments to date include [physical therapy, home exercise program. Diagnostics include left knee x-rays showing degenerative changes; MRI lumbar spine (2/26/13) showing small disc bulge. In the progress note dated 5/14/15 the treating provider's plan of care includes a request for Norco 10/325 mg # 90 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction and adverse interaction with other sedative medications. The records indicate that the patient is compliant with treatments. There is documentation of functional restoration. No adverse effect was reported. The criteria for the use of Norco 10/325mg #90 with 1 refill was met. Therefore, the requested treatment is not medically necessary.