

Case Number:	CM15-0103330		
Date Assigned:	06/05/2015	Date of Injury:	09/28/2008
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
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: California, North Carolina
 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 44 year old male who sustained an industrial injury on 9/28/08. The injured worker was diagnosed as having lumbar strain, thoracic herniated nucleus pulposus and lumbar herniated nucleus pulposus with myelopathy. Currently, the injured worker was with complaints of back pain. Previous treatments included medication management, physical therapy, cognitive behavioral therapy and injection therapy. Previous diagnostic studies included electrodiagnostic studies, radiographic studies and a magnetic resonance imaging. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 150 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line treatments of antidepressants and anticonvulsants. The lowest possible dose to improve pain and function is recommended. In addition, an ongoing review and documentation of pain relief, functional status appropriate medication usage, and side effects is necessary. In this case, there is no documentation of functional improvement or appropriate use. Therefore, the request is deemed not medically necessary or appropriate at this time.