

Case Number:	CM15-0103891		
Date Assigned:	06/08/2015	Date of Injury:	10/14/1987
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 71 year old male patient who sustained an industrial injury on 10/14/1987. A follow up visit dated 01/29/2015 reported subjective complaint of chronic low back pain with radiculopathy. He complains of localized pain in the left lower back with radiation to the lower extremities. Objective findings showed diffuse tenderness over the lower lumbar paraspinal muscles with decreased range of motion. His reflexes are hypoactive. The impression found the patient with chronic low back pain, radiculopathy status post lumbar disc surgery. He had laminectomy at L4-5 along with a course of physical therapy in 01/27/2014 the patient was not operative of which he felt helped. A follow up back on 07/22/2013 showed no change in subjective, objective or medical impression. Treatments have included surgical intervention, therapy session, oral pain management, injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/14/1987. The medical records provided indicate the diagnosis of chronic low back pain, radiculopathy status post lumbar disc surgery. Treatments have included Norco, surgery and Injection. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #160. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 01/2014, but with no overall improvement, pain and functional improvement are not being compared with baseline values as recommended by MTUS for those who have taken opioids for longer than six months.