

Case Number:	CM15-0012913		
Date Assigned:	01/30/2015	Date of Injury:	08/08/2002
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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:

This 49 year old male sustained an industrial injury on 8/8/02, with subsequent ongoing lumbar spine pain. In an orthopedic surgery reevaluation dated 8/19/14, the most recent documentation submitted for review, the injured worker reported that he had had a recent flare-up of back pain with radiation down the right lower extremity with frequent electrical shock sensations down the right leg. The flare up lasted for one week and had mostly resolved by the time of exam. Physical exam was remarkable for positive straight leg raise on the right with decreased lumbar spine range of motion. Current diagnoses included status post anterior lumbar decompression L4-5 (2009), concordant lumbar pain, status post foraminotomy L5-S1 (2006,) and status post lumbar fusion (2203). The treatment plan included Motrin 800mg every eight hours as needed and continuing with Norco. On 1/7/15, Utilization Review noncertified a request for Norco 10mg #120, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker sustained a work related injury on 8/8/02. The medical records provided indicate the diagnosis of status post anterior lumbar decompression L4-5 (2009), concordant lumbar pain, status post foraminotomy L5-S1 (2006,) and status post lumbar fusion (2203). The treatments have included Motrin 800mg every eight hours, Norco. The medical records provided for review do not indicate a medical necessity for Norco 10mg #120. The available records indicate the injured worker has been using the medication since 05/2014; the pain was back to baseline, but he remained temporarily totally disabled . There is no indication the injured worker is being monitored for activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS does not recommend the use of Opioids for treatment of chronic pain beyond 70 days; the MTUS recommends individuals on opioids be monitored for pain control, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS recommends discontinuing if there is no overall improvement in function, unless there are extenuating circumstances; continuing pain with the evidence of intolerable adverse effects; decrease in functioning; resolution of pain.