

Case Number:	CM15-0014184		
Date Assigned:	02/02/2015	Date of Injury:	02/19/2008
Decision Date:	04/03/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male sustained a work related injury on 02/19/2008. According to a progress report dated 11/24/2014, pain in the left inguinal/testicular pain continued to be progressively worse. Objective findings included lumbar range of motion flexion 50 degrees, extension 20 degrees, lateral bending right 20 degrees, left 20 degrees and straight leg raise + 75 degrees right and left. There was tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There was tenderness of the abdominal wall and positive cough test causing pain to the left inguinal area. Diagnoses included lumbar disc herniation with radiculitis, radiculopathy of lower extremity and right hip trochanteric bursitis. Plan of care included Norco for severe pain, Ultram for moderate pain, Anaprox for swelling/inflammation, Prilosec to protect gastric mucosa and Flexeril for muscle spasms. Objective findings remained unchanged from a progress noted dated 08/19/2014. The injured worker was previously declared permanent and stationary. There were no urine drug screenings submitted for review or a signed narcotic contract between the provider and the injured worker. On 12/30/2014, Utilization Review non-certified Norco 10/325mg. According to the Utilization Review physician, the request was not medically necessary based on the diagnosis, very chronic nature of the condition, lack of documented functional improvement, ongoing use of addictive fast acting oral opioids, lack of a signed pain contract, lack of urine drug testing or random pill counts to confirm compliance and lack of documented efforts to decrease or discontinue opioids. The decision was appealed for an Independent Medical Review. Guidelines cited included CA MTUS (low back and chronic pain) Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.