

Case Number:	CM15-0014283		
Date Assigned:	02/02/2015	Date of Injury:	04/26/2007
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
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:

The injured worker is a 32 year old male with an industrial injury dated April 26, 2007. The injured worker diagnoses include thoracic spine herniated nucleus pulposus (HNP) with right leg radiculopathy, cervical musculoligamentous sprain/strain, myofascial pain syndrome, and lumbar radiculopathy. He has been treated with diagnostic studies, prescribed medications, acupuncture treatment, epidural injections, chiropractic therapy, consultation and periodic follow up visits. In a progress note dated 11/17/2014, his treating physician reports abnormal heel and toe walk with a severely antalgic gait. Documentation noted tenderness to palpitation cervical paraspinal muscles and tenderness to palpitation in left thoracic paraspinals and midline near T8-10. The treating physician prescribed Norco 10/325mg #90. UR determination on January 12, 2015 denied the request for Norco 10/325mg #90, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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.