

Case Number:	CM15-0016921		
Date Assigned:	02/04/2015	Date of Injury:	05/18/2013
Decision Date:	04/08/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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 56 year old male sustained an industrial injury on 5/8/13, with subsequent ongoing low back pain. Treatment included lumbar decompression and fusion (5/2/13), spinal cord stimulator and medications. In a pain management report dated 12/16, 14, the injured worker complained of pain 5/10 on the visual analog scale with tingling to the lower extremities. The injured worker reported that his pain had improved. Physical exam was remarkable for right leg shorter than left, a right antalgic lean, positive Kemp's test, decreased lumbar range of motion and motor strength 5/6 to bilateral lower extremities. Current diagnoses included failed back surgery syndrome, post lumbar decompression and fusion, post lumbar microdiscectomy, lumbar disc protrusion, lumbar neuralgia, sacroiliac joint pain and myofascial spasm. The treatment plan included continuing medications (Norco, Neurontin and transdermal compound creams). On 1/5/15, Utilization Review modified a request for Norco 5/325mg # 120 to Norco 5/325mg # 90 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 5/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,124, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, 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.