

Case Number:	CM15-0137482		
Date Assigned:	07/27/2015	Date of Injury:	09/10/2012
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: California

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 (IW) is a 61 year old female who sustained an industrial injury on 09/10/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having: Chronic sprain/strain of the lumbosacral spine. Discogenic low back pain. Degenerative joint disease of the lumbosacral spine. Treatment to date has included gluteal bursa injections, a home exercise program and oral medications. Currently, the injured worker complains of pain in the lower lumbar spine and in the left gluteal region that is constant and achy in character rated at a 6 on a scale of 0-10 without medication and 2-3 on a scale of 0-10 with medications. She has occasional severe flares of pain when she moves in a little different manner. She has associated left lateral calf paresthesias she describes as a tingling pain. On exam, her gait is guarded. Her back range of motion is diminished. Her lower extremity range of motion is good. She has normal strength in her right leg and slightly diminished strength in the left leg. The worker states she feels overall a little better. The plan of care includes requests for pain medications. A request for authorization was made for the following: 1. Norco 10/325mg #30. 2. Tramadol 50mg #120. 3. Mobic 15mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker's dosage of Mobic has been increased and she has stated that it has helped with her pain; therefore, the need for Norco has not been established. The request for Norco 10/325mg #30 is not medically necessary.