

Case Number:	CM15-0138109		
Date Assigned:	07/28/2015	Date of Injury:	09/07/2008
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 is a 53 year old male who sustained an industrial injury on 9-7-08. Diagnoses are lumbar spine sprain-strain, bilateral chronic active L5 and S1 radiculopathy, abnormal neurological studies, and status post left L5-S1 laminectomy-foraminotomy. In a progress report, review of medical records, and request for authorization dated 6-11-15, the primary treating physician notes the injured worker reports constipation due to medication usage. Current complaints are of low back pain and left greater than right lower extremity pain, numbness and tingling in the left lower extremity, a sharp electrical burning pain in the left leg and right knee discomfort. He also complains of acid reflux and constipation. Work status is total temporary disability. Previous treatment includes a lumbar epidural steroid injection-which aggravated symptoms and increased blood sugars, 1 acupuncture treatment-without benefit, lumbar laminectomy 6-25-13, MRI of the lumbar spine, electromyography and nerve conduction velocity study, an agreed medical examiner evaluation, and 16 visits of physical therapy. He rates his pain at 4 out of 10 with Norco and 8 out of 10 without Norco depending on activity level. He uses Norco on an as needed basis for moderate to severe pain. It helps him to be better able to function. He has completed an opioid risk assessment profile and has a signed pain medication agreement. Exam notes lumbar spine range of motion is flexion is 50 degrees, extension is 10 degrees and left and right lateral flexion is 10 degrees. Straight leg raise is positive. The requested treatment is for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement, lack of side effects and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco without evidence of monitoring for medication compliance, such as a urine drug screen to support long term use. The request for Norco 10/325 mg #60 is not medically appropriate and necessary.