

Case Number:	CM15-0138576		
Date Assigned:	07/28/2015	Date of Injury:	09/18/2013
Decision Date:	08/27/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This 32 year old male sustained an industrial injury occupational therapy the low back on 9/18/13. The injured worker underwent L5-S1 global arthrodesis on 1/22/15. Following the procedure the injured worker participated in physical therapy and occupational therapy in an inpatient rehabilitation facility. X-rays of the lumbar spine (6/8/15) showed no instability with flexion and extension and no slippage or loosening of hardware. In a request for authorization dated 6/12/15, the injured worker complained of a flare up of back pain with residual burning in the left calf and leg. Physical exam was remarkable for decreased lumbar spine range of motion, negative straight leg raise, normal heel and the walking and gait, intact lower extremity reflexes and 5/5 lower extremity motor strength. Current diagnoses included status post L5-S1 global arthrodesis for a traumatic L5-S1 spondylolisthesis, unstable with axial low back pain and nerve root impingement, right knee injury and cervical disc injury. The physician noted that the injured worker would continue to wean off the narcotics over the next three months. The treatment plan included beginning physical therapy and requesting authorization for medications (Norco, Percocet and Robaxin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Patient is currently also prescribed Lidocaine patches and Percocet. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #60 is not medically necessary.