

Case Number:	CM15-0139018		
Date Assigned:	07/29/2015	Date of Injury:	08/06/2012
Decision Date:	09/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Illinois

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 is a 57 year old male who sustained an industrial injury on 8/6/12. The injured worker was diagnosed as having spinal stenosis of lumbar. Currently, the injured worker reported chronic intermittent back pain and spasms. Previous treatments included trigger point injections and medications. The injured workers pain level was noted by the provider as 82 without medication and 26 with the current medication regimen by the provider. Physical examination was notable for thoracolumbar spine range of motion noted to be limited, straight leg raise test produced pain in the back, hip range of motion was full bilaterally. The plan of care was for Norco 10/325 milligrams quantity of 120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 8/6/12. The medical records provided indicate the diagnosis of spinal stenosis of lumbar. Treatments have included trigger point injection, naproxen and Norco. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120 with 3 refills. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids for the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 03/2015; but there was lack of documentation of outcome and monitoring.