

Case Number:	CM15-0139434		
Date Assigned:	07/29/2015	Date of Injury:	04/19/2012
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
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: Texas, Florida, 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 is a 25 year old male, who sustained an industrial injury on April 19, 2012. He reported feeling severe pain in his low back and a pop when attempting to lift a heavy drum of powder. The injured worker was diagnosed as having lumbar sprain-strain and sciatica. Treatments and evaluations to date have included TENS, home exercise program (HEP), acupuncture, MRI, and medication. Currently, the injured worker reports occasional discomfort in the low back with radiation to the left back, and mid-back pain noted to be improved lately. The Primary Treating Physician's report dated July 8, 2015, noted the injured worker reporting feeling better generally, with acupuncture very helpful, and medications and TENS unit noted to be helpful with pain relief. The injured worker was noted to take Norco 2-3 times a day, rating his pain level at 4. Physical examination was noted to show mild lumbar spine tenderness with a mild limp noted in the injured worker's gait. The treatment plan was noted to include continued TENS unit and home exercise program (HEP) with TENS patches dispensed, a request for additional acupuncture, and continued medications including the Norco and Lidoderm patches. The work status was noted to be temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2012 with a lumbar strain and sciatica. He has been on opiates long term. Now there is just occasional discomfort in the low back with radiation, and the mid-back pain is noted to be improved. The pain level is 3-4. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.