

Case Number:	CM15-0143498		
Date Assigned:	08/04/2015	Date of Injury:	01/25/2013
Decision Date:	09/01/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male who sustained an industrial injury on 1-25-13 when he fell two stories from scaffolding landing on his back and head. He was medically evaluated and diagnosed with an L1 compression fracture. He was placed in a Jewett torso brace. He currently complains of stabbing achy back pain that radiates to the legs with numbness in the upper thighs. His pain level was 7 out of 10 without medications and 3 out of 10 with medications. On physical exam of the lumbar spine there was moderate tenderness over the paraspinals, limited range of motion due to pain with positive straight leg raise bilaterally. Medications were Norco, Flexeril, Effexor, naproxen, omeprazole, and tramadol. Drug screen done 3-17-15 was consistent with prescribed medications. Medications control pain and improve his ability to perform activities of daily living such as walking around the house and taking care of his children. His activities of daily living are limited and those he can perform are done slowly. Diagnoses include lumbar compression fracture; lumbar radicular pain; lumbar facet joint pain; degenerative disc disease, lumbar; lumbar discogenic pain syndrome; low back pain; chronic pain syndrome. Treatments to date include lumbar injections without benefit; medications which were helpful; physical therapy. Diagnostics include x-ray of thoracic, lumbar spine (2-18-13) showing abnormalities; x-ray thoracic spine (3-15-13) no acute abnormalities; x-ray of thoracic, lumbar junction (4-19-13) no changes; electromyography of bilateral lower extremities (8-20-14) showing bilateral S1 radiculitis. On 7-9-15 the treating provider's plan of care included a request for Norco 10-325 mg #90 to sustain increased function and continue to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take one tab by mouth every 6 hours as needed #90 prescribed 7/9/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs and Ongoing management Page(s): 31-32 and 78-80.

Decision rationale: Norco 10/325mg take one tab by mouth every 6 hours as needed #90 prescribed 7/9/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The 6/9/15 QME recommends that the patient undergo a consultation for a functional restoration program. The MTUS states that the criteria for a functional restoration program is that the patient has a significant loss of ability to function independently resulting from the chronic pain. The documentation reveals that the patient has been on long term opioids without significant evidence of increased function therefore the request for continued Norco is not medically necessary.