

Case Number:	CM15-0160840		
Date Assigned:	08/27/2015	Date of Injury:	08/17/2014
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

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 60-year-old male who sustained an industrial-work injury on 8-17-14. He reported an initial complaint of low back pain that radiated down the left leg. The injured worker was diagnosed as having herniated nucleus pulposus L4-5, L5-S1 with instability. Treatment to date includes medication, surgery (anterior lumbar interbody fusion at L4-S1 on 5-5-15), diagnostics, and physical therapy. MRI results were reported to demonstrate L4-5 and L5-S1 disc herniation on 1-1-15. X-ray results were reported on 9-9-14 to show degenerative changes of left knee, and lumbar spine to show diffuse spondylosis. X-rays on 11-24-14 of left knee and lumbar spine are unchanged. Currently, the injured worker complained of back pain that was beginning to improve, the lower left extremity numbness was gone. A muscle stimulator is being used during flare-ups. Per the primary physician's report (PR-2) on 7-15-15, normal reflex, sensory and power testing to bilateral upper and lower extremities, straight leg raise and bowstring are negative bilaterally, mild antalgic gait, able to heel walk and toe walk, positive lumbar tenderness with muscle spasms in the paraspinal musculature, and incision is clean and dry. Current plan of care included refill medications. The requested treatments include Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute pain; however, is significantly improved now with intact and unremarkable clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit; however, functional benefit is required prior to further future consideration or weaning process needs to be considered. At this time, the Norco 10/325mg #90 is medically necessary and appropriate.