MAXIMUS Federal Services

Case Number:	CM15-0162043		
Date Assigned:	09/02/2015	Date of Injury:	12/19/2001
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: Emergency 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 79 year old male, who sustained an industrial-work injury on 12-19-01. He reported initial complaints of pain in the lumbar region. The injured worker was diagnosed as having degenerative disc disease, spinal stenosis, sciatica, congenital musculoskeletal deformity of spine, and degenerative arthropathy of spinal facet joint. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of chronic lumbar pain. Per the primary physician's progress report (PR-2) on 7-21-15 exam noted active voluntary range of motion of the thoracolumbar spine is severely limited, forward flexion was at 20 degrees and extension at 5-10 degrees, lateral bending at 5 degrees. Straight leg raise was negative at 70 degrees and femoral stretch test was negative also. Motor and sensory exam was normal, hip range was full bilaterally, and reflexes were 1-2+. Treatment plan includes 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 #150 times 3 prescriptions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #150 times 3 prescriptions, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic lumbar pain. Per the primary physician's progress report (PR-2) on 7-21-15 exam noted active voluntary range of motion of the thoracolumbar spine is severely limited, forward flexion was at 20 degrees and extension at 5-10 degrees, lateral bending at 5 degrees. Straight leg raise was negative at 70 degrees and femoral stretch test was negative also. Motor and sensory exam was normal, hip range was full bilaterally, and reflexes were 1-2+. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #150 times 3 prescriptions is not medically necessary.