

Case Number:	CM15-0164356		
Date Assigned:	09/01/2015	Date of Injury:	07/28/2008
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 39 year old male, who sustained an industrial injury on 7-28-08. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic S1 radiculopathy; lumbar stenosis L5-S1; chronic intractable pain. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 7-13-15 indicated the injured worker was seen as a follow-up on this day for medication management and refill of medications. He is pending authorization for the referral for a secondary treating physician for medical management. His Norco and Motrin have been denied. The injured worker continues to have lower back pain which radiates down the right lower extremity to the heel rating this pain as 7-8 out of 10 without medications and reduces to 3-4 out of 10 with medications. He reports difficulty doing activities of daily living without his medications. He walks with a normal gait and is able to heel-toe walk. His lumbar and lower extremities examination reveals palpable tenderness of the paravertebral muscles, bilaterally. He notes the dorsalis pedis, posterior tibial pulses are present and there is a decrease sensation on the right S1 dermatome. Straight leg raise is positive on the right lower extremity. The provider is requesting authorization of Norco 10-325mg take 1-2 tablets every 4 hours #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take 1-2 tablets po q4 hrs #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco 10/325mg take 1-2 tablets po q4 hrs #200 is not medically necessary.