

Case Number:	CM15-0186473		
Date Assigned:	09/28/2015	Date of Injury:	01/16/2013
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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, West Virginia, Pennsylvania
 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 42 year old male, who sustained an industrial injury on 1-16-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain with bilateral lower extremity radiculopathy. According to the hand written progress report dated 8-14-2015, the injured worker presented with complaints of worsening lumbar spine pain, left greater than right. On a subjective pain scale, he rates his pain 7-9 out of 10. The physical examination of the lumbar spine reveals tenderness, left greater than right, muscle guarding, positive straight leg raise test bilaterally, and sensory loss to the bilateral lower extremities. The current medications are Trazodone, Zanaflex, and Norco. There is documentation of ongoing treatment with Norco since at least 3-3-2015. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management, physical therapy, home exercise program, and epidural steroid injection (worsened his pain). Work status is described as temporarily totally disabled. The original utilization review (9-10-2015) had non-certified a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking narcotic medications without evidence of significant benefit in pain or function to support long-term use. The request for Norco 10/325 mg #120 is not medically appropriate and necessary.