

Case Number:	CM15-0190312		
Date Assigned:	10/02/2015	Date of Injury:	03/07/2013
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 43 year old male, who sustained an industrial-work injury on 3-7-13. He reported initial complaints of back pain. The injured worker was diagnosed as having left leg radiculopathy, L5-S1 disc degeneration, and facet arthropathy at L4-5. Treatment to date has included medication and diagnostics. MRI results were reported on 7-9-15 of the lumbar spine that demonstrated L4-5 grade 1 retrolisthesis and mild bilateral neuroforamina narrowing, at L5-S1, grade 1 retrolisthesis, posterior disc protrusion with annular tear and moderate bilateral neuroforaminal narrowing. Currently, the injured worker complains of lower back pain that radiates down the buttocks and down the back of the left leg which is rated 4 out of 10 with medication and 10 out of 10 without medication. Upper back pain is 0 out of 10 with medication and 10 out of 10 without medication. Medications include long term use of Norco 10-325 mg and Motrin 800 mg. There was also anxiety, irritability, and sleep disturbance. Per the primary physician's progress report (PR-2) on 8-10-15, exam noted mildly antalgic gait, normal lordosis, palpable tenderness centrally in the lower lumbar spine, decreased range of motion, absent reflexes at ankles bilaterally, normal motor strength, positive straight leg raise at 60 degrees on the left. Current plan of care includes consideration for surgery and related equipment, medication, home exercises, and follow up. The Request for Authorization requested service to include Norco 10/325 1 tab po bid #60. The Utilization Review on 9-3-15 denied the request for Norco 10/325 1 tab po bid #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 tab po bid #60: 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 for chronic pain, Opioids for neuropathic pain.

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 medical necessity of norco is not substantiated in the records. The request is not medically necessary.