

Case Number:	CM15-0202333		
Date Assigned:	10/21/2015	Date of Injury:	04/08/2014
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 4-8-14. A review of the medical records indicates he is undergoing treatment for lumbar radiculopathy - transit root from L2-3 herniated nucleus pulposus, left L2-3 foraminal disc herniation, secondary myofascial dysfunction with triggers, and cervical radiculopathy. The provider indicates that the injured worker is temporarily totally disabled. Medical records (8-20-15) indicate that the injured worker complains of low back pain that radiates to the right posterolateral leg "past knee in L5". He also complains of spasms in his low back, affecting the right side greater than the left. He complains of neck pain that radiates to bilateral arms. The physical exam reveals positive spasms "especially in the low back" with positive trigger points - right greater than left at bilateral L4-5. The straight leg raise is positive on the right at 45 degrees and on the left at 60 degrees. Sensation is noted to be decreased in the right posterolateral thigh. Diagnostic studies have included an MRI of the lumbar spine, showing L2-3 disc herniation. Treatment has included lumbar epidural steroid injections x 2, a home exercise program, and medications. His medications include Voltaren, Robaxin, and Tylenol #3. The utilization review (9-28-15) includes a request for authorization of Norco 10-325mg #45, every 6 hours as needed. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

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

Decision rationale: CA MTUS Guidelines state that opioids are recommended for short-term pain relief in patients with acute back pain. Long-term (greater than 16 weeks) efficacy is unclear. There is limited evidence for use of opioids in chronic low back pain. In this case, the injured worker has been using opioids since March, 2015, which is considered long-term use and contrary to guidelines. In addition, there is no documentation that the patient has failed first-line agents, such as antidepressants and anticonvulsants. Therefore the request is not medically necessary or appropriate.