

Case Number:	CM15-0203122		
Date Assigned:	10/19/2015	Date of Injury:	12/13/2005
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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:

This is a 50 year old male who sustained an industrial injury on 12-13-2005. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain with radicular symptoms right leg, disc herniation at L4-L5 and L5-S1; possibility of insufficiency fracture in the sacral area per magnetic resonance imaging (MRI) and persisting intermittent claudication leg cramps right leg. According to the progress report dated 9-16-2015, the injured worker complained of back pain radiating into his legs. He stated he could not function without pain medications. He rated his pain as 8 out of 10, 4 out of 10 at best with medications and 10 out of 10 without medications. He reported 50% reduction in pain and functional improvement with activities of daily living with medications. His pain ratings were the same on 7-15-2015 and 8-17-2015. Per the treating physician (9-16-2015), the injured worker was not currently working. Objective findings (9-16-2015) revealed an antalgic posture. There was sensory loss to light touch and pinprick in the right lateral calf and the bottom of his foot. Treatment has included exercise and medications. Current medications (9-16-2015) included Norco (since at least 8-2014), Zanaflex and Mobic. The treating physician indicated (9-16-2015) that the urine drug screens have been appropriate. The original Utilization Review (UR) (9-28-2015) denied 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 10/325mg #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 for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids are recommended in cases that have not responded to first-line agents (antidepressants, anti-epilepsy drugs), however are not indicated for long-term use unless there is demonstrated pain relief, objective functional improvement and return to work/quantified improvement in function in ADLs. In this case, the patient is not working. The patient has chronic low back pain with radiculopathy. Guidelines state that there are no studies of opioids for treatment of chronic lumbar root pain with resulting neuropathy or long-term use of opioids for neuropathic pain. In this case, there is evidence of significant pain relief and improvement in ADLs, however specific improvements in ADLs or changes in objective findings are not provided. There is no documentation of functional improvement using a validating instrument as required by guidelines. Therefore the request is not medically necessary or appropriate.