

Case Number:	CM15-0206962		
Date Assigned:	10/23/2015	Date of Injury:	12/12/2014
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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 46 year old male, who sustained an industrial injury on 12-12-2014. The medical records indicate that the injured worker is undergoing treatment for L4 vertebral wedge fracture with Schmorl's nodule, low back pain, lumbar radiculopathy, and degenerative disc disease of the lumbar spine. According to the progress report dated 9-1-2015, the injured worker presented with complaints of low back pain with intermittent radiation of numbness, pain, tingling, and weakness from his lower back to his bilateral lower extremities going into his feet, bilaterally, He notes since his last visit his legs continue to give out. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal muscles, restricted range of motion, diminished sensation, and decreased motor strength. The current medications are Norco (since at least 1-9-2015). Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, ice, and physical therapy (minimal benefit). Work status is described as modified duties. The original utilization review (9-28-2015) had non-certified a request for Norco 7.5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic 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. Therefore, the request is not medically necessary.