

Case Number:	CM15-0209011		
Date Assigned:	10/28/2015	Date of Injury:	07/11/2013
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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 Jersey, New York

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 59 year old male sustained an industrial injury on 7-11-13. Documentation indicated that the injured worker was receiving treatment for chronic intractable pain with pain to the low back, right shoulder, neck and right upper extremity. The injured worker underwent L4-S1 anterior lumbar interbody fusion with cage and instrumentation, L4-S1 posterior spinal instrumentation and fusion and L4-5 laminotomy on 8-26-15. In a PR-2 dated 10-13-15, the injured worker was seen for postoperative follow-up. The injured worker complained of low back pain rated 9 to 10 out of 10 on the visual analog scale and right lower extremity pain rated 8 out of 10. The injured worker continued to use Dilaudid for pain control with "good" benefit. Physical exam was remarkable for lumbar spine with no tenderness to palpation, decreased sensation over the right L4, L5 and S1 distributions, 5 out of 5 lower extremity strength and range of motion: flexion 14 degrees, extension 6 degrees, left lateral bend 14 degrees and right lateral bend 16 degrees. The treatment plan included proceeding with postoperative physical therapy and a new prescription for Norco. On 10-21-15 Utilization Review non-certified a request for Norco 10-325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

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

Decision rationale: The request is considered not medically necessary. The 4 A's of opioid monitoring were referenced in the chart. The patient had decrease in pain, improved function with the activities of daily living, no side effects, and no aberrant behavior. However, there were no urine drug screens included in the chart. And is unclear why the patient requires Norco, while on Dilaudid. Therefore, the request is not medically necessary.