

Case Number:	CM15-0023285		
Date Assigned:	02/12/2015	Date of Injury:	07/22/2010
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old male sustained an industrial injury on 7/22/10, with subsequent ongoing lumbar spine pain. Magnetic resonance imaging lumbar spine showed disc protrusion at L4-5 and L5-S1. The injured worker underwent sacroiliac joint injection on 12/4/14. In a PR-2 dated 12/30/14, the injured worker complained of ongoing lumbar spine pain with radiation upward to bilateral shoulders and downward to bilateral posterior knees and lower extremities associated with numbness, weakness and tingling. The injured worker reported no relief from recent epidural steroid injections. The injured worker reported that pain limited his ability to complete activities of daily living. The injured worker had received authorization for spinal surgery and had an appointment pending with a spinal surgeon. Current diagnoses included lower extremities back pain, lumbar disc displacement and lumbar radiculopathy. The treatment plan included surgery consultation and continuing medications (Norco, Ambien, Naproxen) and continuing therapeutic exercise. On 1/7/15, Utilization Review modified a request for Norco 10/325mg #180 to Norco 10/325mg #90 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria Use of Opioids Page(s): 76-79, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.