

Case Number:	CM15-0023542		
Date Assigned:	02/13/2015	Date of Injury:	09/13/1999
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

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:

The injured worker is a 52-year-old male who reported an injury on 09/13/1999. The mechanism of injury was not stated. The current diagnoses include mild cervical spondylosis, status post lumbar fusion, L2-3 and L3-4 disc degeneration, intermittent lumbar radiculopathy, and chronic intractable pain. The injured worker presented on 02/06/2015 for a follow-up evaluation with complaints of 7/10 low back pain with radiation into the bilateral lower extremities. The injured worker also reported neck pain rated 7/10. The current medication regimen includes Anaprox DS 550 mg, Lidoderm 5% patch, Lyrica 75 mg, Norco 10/325 mg, and Advil 200 mg. Upon examination, there was an antalgic gait, tenderness to palpation, absent bilateral knee and ankle reflexes, 4/5 motor weakness in the bilateral lower extremities, and a positive straight leg raise bilaterally at 60 degrees on the left and 40 degrees on the right. The injured worker also utilized a single point cane for ambulation assistance. The recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. The injured worker continues to report high levels of pain despite the ongoing use of Norco 10/325 mg. There was also no frequency listed in the request. Given the above, the request is not medically necessary.