

Case Number:	CM15-0027167		
Date Assigned:	02/19/2015	Date of Injury:	06/21/2011
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina, Georgia
 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:

The injured worker is a 45 year old male, who sustained an industrial injury reported on 6/21/2011. He has reported for pre-operative clearance. The history notes complaints of constant, radiating low back pain; worse after surgery; and psuedoarthrosis anteriorly around the screws - and was considered for posterior decompression and instrumented fusion. The diagnoses were noted to have included status-post anterior lumbar interbody fusion and posterior decompression at lumbar 5- sacral 1, slowly progressing versus failed; facet arthropathy; and hypertrophy of ligamentum flavum. Treatments to date have included consultations; diagnostic laboratory and imaging studies; lumbosacral brace; left knee arthroscopy x 2; lumbar surgery (5/2014); lumbar posterior fusion (1/7/15); and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 1/9/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 12/29/2014, for Norco 10/325mg #60 for the purpose of surgery planning, a urine toxicology screening. The original Ur decision modified the request for Norco #60 to Norco #45 to allow for assessment of efficacy and functional improvement. The Medical Treatment Utilization Schedule, chronic pain medical treatment, opioids, long-term use, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, one by mouth every 4-6 hours as needed for pain, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Criteria for Use of Opioids, Long-t.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. The original UR review modified to request from #60 to #45. Norco 10/325 #60 is not medically necessary and the original UR decision is upheld.