

Case Number:	CM15-0027249		
Date Assigned:	02/19/2015	Date of Injury:	05/10/2013
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
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: California

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 49-year-old male, who sustained an industrial injury on May 10, 2013. The injured worker had reported a low back injury. The diagnoses have included a left L5 radiculopathy with discogenic pain. Treatment to date has included medications, MRI of the lumbar spine, electromyography, physical therapy, an epidural injection and chiropractic therapy. Magnetic resonance imaging revealed a left-sided small herniation at the L4-5 level. Current documentation dated January 6, 2015 notes that the injured worker complained of back pain which radiated down the left lower extremity. Associated symptoms include a burning sensation and numbness. Physicians exam of the lumbar spine revealed tenderness to palpation, spasms and a positive sitting straight leg raise. An epidural steroid injection has not been effective and orthopedic surgical consultation is recommended. The injured worker is working modified duties. On January 28, 2015 Utilization Review modified a request for Norco 10/325 mg # 90 for weaning purposes. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, opioids may be continued if there has been documented improvement in pain and function. In this case, the injured worker is noted to be working part time and there is no evidence of opioid abuse or diversion. He has injured his lumbar spine and an epidural steroid injection has not resulted in significant benefit. An orthopedic surgical consultation has been recommended. As such, at this juncture while the injured worker awaits an orthopedic consultation to determine surgical candidacy, the request for Norco is supported to allow the injured worker to continue working modified duties. The request for Norco 10/325mg # 90 is medically necessary.