

Case Number:	CM15-0028931		
Date Assigned:	02/20/2015	Date of Injury:	04/12/2014
Decision Date:	03/31/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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:

The injured worker is a 52-year-old male, who sustained a work/ industrial injury on 4/12/14 while carrying a table/chair. He heard a popping noise in his low back. He has reported symptoms of persistent back pain with radiation down the left leg to the posterior thigh, medial thigh, and to the knee. Prior medical history was not documented. The diagnoses have included chronic low back pain and minimal left leg symptoms. Treatments to date included medication, chiropractic care, and massage. Diagnostics included an Magnetic Resonance Imaging (MRI) that reported L1-2, L2-3 broad based disc bulge with bilateral neural foraminal narrowing, no canal stenosis; L3-4, 4-5 mm broad based disc bulge, facet, and ligamentum flavum hypertrophy present which result in canal stenosis and moderate bilateral neural foraminal narrowing, (R>L); L5-S1, 4-5 mm broad based disc bulge and facet arthrosis are present which result in severe bilateral neural foraminal narrowing, no canal stenosis present. Medications included Norco and Relafen. Exam revealed negative straight leg raise and normal gait. The physician requested Norco for pain management with question of functional improvement with prior use. On 2/10/15, Utilization Review modified (Retro DOS 1/21/15) Norco 5/325 mg QTY: 120.00 to (Retro DOS 1/21/15) Norco 5/325 mg QTY: 45, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro DOS 1/21/15) Norco 5/325 mg QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered medically necessary. The patient has adequate documentation of the 4 A's of opioid monitoring: pain control, psychosocial functioning, side effects, and aberrant behavior. The patient was documented to have a decreased in pain from 9/10 to 3/10 with medications. He was able to perform more ADLs like self-hygiene and able to exercise. He had no side effects and although UDS results were not included, the patient was documented to have consistent results and no signs of aberrant behavior. Because the patient is able to function and pain is better controlled, the request is considered medically necessary.