

Case Number:	CM15-0225400		
Date Assigned:	11/23/2015	Date of Injury:	06/14/1988
Decision Date:	12/31/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/17/2015

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: North Carolina

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:

This is a 72-year-old male with a date of injury of June 14, 1988. A review of the medical records indicates that the injured worker is undergoing treatment for multilevel lumbar degenerative disc disease with possible pseudarthrosis associated with bilateral lower extremity radiculitis and diabetes mellitus. Medical records dated August 12, 2015 indicate that the injured worker complained of lower back pain with radiation down both legs associated with cramping in the legs. A progress note dated October 7, 2015 documented complaints similar to those reported on August 12, 2015. Per the treating physician (October 7, 2015), the employee was retired. The physical exam dated August 12, 2015 reveals use of a walker, significantly stooped forward, decreased range of motion of the lumbar spine, unobtainable deep tendon reflexes at the ankles and knees, and mild hamstring tightness with slight contracture of both knees with straight leg raise. The progress note dated October 7, 2015 documented a physical examination that showed no changes since the examination performed on August 12, 2015. Treatment has included medications (Norco since at least April of 2015) and lumbar spine fusion. Urine drug screen results were not documented in the submitted records. The utilization review (October 27, 2015) partially certified a request for Norco 5-325mg #195 (original request for #250).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #250: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.