

Case Number:	CM15-0041526		
Date Assigned:	03/12/2015	Date of Injury:	11/12/2007
Decision Date:	04/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 68-year-old male, who sustained a work/ industrial injury on 11/12/07. He has reported initial symptoms of lower back pain with radiation to the left lower extremity. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis. Treatments to date included medication, home exercise program, and conservative measures. Currently, the injured worker complains of low back pain radiating to the left leg reported at 4-5/10 with medication and without 7-8/10. The treating physician's report (PR-2) from 1/15/15 indicated the injured worker had normal lordosis, tenderness with palpation to the lumbosacral spine and paraspinal muscle without stiffness or spasm. Range of motion was within normal limits but painful. Straight leg raise (SLR) was negative. Faber-Patrick, extension, Gaenslen's tests were negative. There was radicular pain in the L4-5 and L5-S1 distribution (L>R). Diagnosis was chronic myofascial sprain/strain of lumbosacral spine, multilevel degenerative disc disease, and lumbar radiculopathy. Medications included Norco, Ibuprofen, and Norco. Treatment plan included refill with Norco, random urine screen, home exercises, conservative measures (hot/ice packs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Guidelines state that patients on opioids chronically should be monitored for efficacy, improved functionality, side effects, and for signs of aberrant drug use. In this case, there is no documentation of an opioid agreement, change in functional improvement or evidence of tapering to the lowest effective dose. Thus, the request for Norco 325/10 mg #90 is not medically necessary and appropriate.