

Case Number:	CM15-0041787		
Date Assigned:	03/12/2015	Date of Injury:	08/03/2007
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: Preventive Medicine, Occupational 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 47-year-old male, who sustained an industrial injury on August 3, 2007. He reported a full-lifting injury when a building truss broke. Treatment to date has included imaging of the abdomen, neurosurgical evaluation, physical therapy, epidural steroids and home exercise program. The documentation reveals that the injured worker has had 14 visits of physical therapy. He had an epidural steroid injection in March, which provided no benefit. An MRI of the lumbar spine on August 27, 2014 revealed left greater than right foraminal impingement with severe foraminal narrowing. Currently, the injured worker complains of low back pain. On examination, he exhibits 10-degree anteflexion of the trunk on the pelvis, extension of 5 degrees, rotation to the left of 5 degrees, rotation of the right of 10 degrees and paralumbar tenderness. The treatment plan includes continuation of Norco 5/325 mg and of Soma for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #120 is not medically necessary.