

Case Number:	CM15-0047031		
Date Assigned:	03/19/2015	Date of Injury:	07/31/2011
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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, 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 7/31/2011. He reported injury from a motor vehicle accident. The injured worker was diagnosed as having lumbar degenerative disc disease, chronic low back pain, status post global arthrodesis (2013), thoracic disc injury and pain, myofascial pain and status post cervical fusion surgery. Magnetic resonance imaging from 2014 shows mild thoracic disc protrusion. Treatment to date has included surgery, physical therapy and medication management. Currently, the injured worker complains of mid and low back pain. In a progress note dated 1/12/2015, the treating physician is requesting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 127.

Decision rationale: The injured worker complains of chronic mid and low back pain dating back almost 4 years ago secondary to an MVA. The request is for chronic opioid medication therapy. MTUS guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear efficacious but limited for short-term pain relief, and long-term efficacy is unclear. Failure to respond to short-term opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no documentation in the medical records of functional improvement on chronic opioids and no consideration for non-addictive medications. NORCO is a fast-acting opioid recommended for acute pain relief and is not recommended for chronic pain relief. This request is not medically necessary.