

Case Number:	CM15-0050563		
Date Assigned:	03/24/2015	Date of Injury:	07/19/2006
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

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:

This 63 year old female sustained an industrial injury to the back on 7/19/06. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. In a progress note dated 2/11/15, the injured worker complained of ongoing low back pain with radiation to the right leg. The injured worker rated her pain 8/10 on the visual analog scale without medications and 3-4/10 with medications. Physical exam was remarkable for mild tenderness to palpation to the lumbar spine with restricted range of motion, positive straight leg test, positive right sided Patrick's sign and joint compression and right knee with restricted range of motion and tenderness to palpation around the knee joint. Current diagnoses included lumbar spine degenerative disc disease, lumbosacral radiculitis, osteoarthritis of spinal facet joint, knee pain and fibromyositis. The treatment plan included continuing conservative treatment (ice, heat, rest and gentle stretching) and medications (Gabapentin, Norco, Zanaflex, Temazepam and Xanax).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 7/19/06. The medical records provided indicate the diagnosis of lumbar spine degenerative disc disease, lumbosacral radiculitis, osteoarthritis of spinal facet joint, knee pain and fibromyositis. Treatments have included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #90. The records reviewed indicate the injured worker has been using this medication since 2009, but without evidence of improvement. The MTUS recommends against the use of opioids for longer than 70 days in the treatment of chronic due to lack of quality evidence in support of such use. Also, the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain and function. Therefore, this request is not medically necessary.