

Case Number:	CM15-0051801		
Date Assigned:	03/25/2015	Date of Injury:	02/24/2009
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 44 year old male, who sustained an industrial injury on 2/24/2009. The injured worker is status post lumbar fusion in September 2012. Diagnoses include spinal/lumbar degenerative disc disease, low back pain and spasm of muscle. Treatment to date has included epidurals, physical therapy, acupuncture, functional restoration program and medications. Per the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker reported back pain radiating from low back down both legs and lower backache. Pain with medications is rated as 5/10 and without is 7/10. Physical examination revealed restricted range of motion to the cervical spine with tenderness noted in the paravertebral muscles on both sides. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. There is paravertebrals tenderness to the thoracic spine. There is restricted range of motion to the lumbar spine and upon palpation there is tenderness, hypertonicity and spasm on both sides of the paravertebral musculature. The plan of care included medications and authorization was requested for Norco 7.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg/325mg #60: Overturned

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): 74-96.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the long term of opioids is not supported for chronic non-malignant pain. The guidelines also state that long term use of opioids leads to dependence and tolerance. Additionally, the guidelines note that in order to continue opioids, there should be improvement in pain and function. In this case, the medial records indicate that the injured worker has been prescribed opioids for an extended period of time, and there is no evidence of significant improvement in pain and function. However, given the chronic use of opioids, this medication cannot be discontinued abruptly and should be weaned. Modification cannot be rendered in this review. As such, the request for Norco 7.5/325 mg #60 is medically necessary.