

Case Number:	CM15-0053158		
Date Assigned:	03/26/2015	Date of Injury:	01/08/2009
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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:

The injured worker is 60 year old, male who sustained a work related injury on 1/8/09. The diagnoses have included lumbar radiculopathy and status post lumbar surgery. Treatments have included medications and lumbar surgery. In the PR-2 dated 2/24/15, the injured worker complains of persistent right leg pain at L5 and S1 distribution. He has radiating dysesthesias in right leg with a mildly positive right leg straight leg raise. The treatment plan is a refill of Norco pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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 1/8/09. The medical records provided indicate the diagnosis of lumbar radiculopathy and status post lumbar surgery.

Treatments have included medications and lumbar surgery. The MTUS does not recommend the use of opioids for longer than 70 days due to increasing side effects and lack of research supporting benefit beyond 70 days in the treatment of chronic pain. The MTUS recommends that individuals on opioids maintenance be monitored for pain control, activities of daily living, aberrant behavior and adverse side effects. The MTUS recommends discontinuing treatment of there is no overall improvement. The medical records provided for review do not indicate a medical necessity for Norco 10/325 #180. The records indicate the has been taking this medication at least since 10/2014; although he is working regular duty, the pain has remained the same; there is no indication the injured worker is being monitored for aberrant behavior or use of illicit drugs, neither is there a documentation of opioid agreement. The records do not indicate there is failed treatment with safer oral pain medications. Therefore, this request is not medically necessary.