

Case Number:	CM15-0059753		
Date Assigned:	04/06/2015	Date of Injury:	11/30/1998
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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 a 60 year old male, who sustained an industrial injury on 11/30/98. The injured worker has complaints of lumbosacral spine pain with numbness, tingling and paresthesias to both lower extremities. The diagnoses have included multilevel degenerative disc disease lumbosacral spine with stenosis most severe at L4-5 followed by L3-4 with facet arthropathy at L5-S1; status post decompression laminectomy and discectomy at L3-4, L4-5 and L5-S1 with posterolateral fusion, pedicle screw fixation, iliac graft, interbody fusion with implants L3-5, L4-5, and L5-S1. Treatment to date has included thoracolumbosacral brace; fusions and norco, lorazepam, flexeril, Prilosec, ambien, wellbutrin and voltaren. The request was for 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 Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 11/30/98. The medical records provided indicate the diagnosis of multilevel degenerative disc disease lumbosacral spine with stenosis most severe at L4-5 followed by L3-4 with facet arthropathy at L5-S1; status post decompression laminectomy and discectomy at L3-4, L4-5 and L5-S1 with posterolateral fusion, pedicle screw fixation, iliac graft, interbody fusion with implants L3-5, L4-5, and L5-S1. Treatment to date has included thoracolumbosacral brace; fusions and norco, lorazepam, flexeril, Prilosec, ambien, wellbutrin and voltaren. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been taking opioids for more than six months without overall improvement in pain and function. The records do not indicate the injured worker is properly monitored for pain control, adverse effects and activities of daily living.