

Case Number:	CM15-0081172		
Date Assigned:	05/04/2015	Date of Injury:	10/23/2010
Decision Date:	06/17/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on 10/23/2010. He reported falling from a ladder while trimming a tree, with subsequent complaint of thoracic and lumbar spinal pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and lumbago. Treatment to date has included physical therapy and medications. On 3/16/2015, the injured worker complains of severe pain to the lumbar spine, decreased motion, and loss of strength. There was no detailed physical examination report in the records provided. The X-rays of the thoracic and lumbar spines were documented as showing loss of lumbar lordosis. The quality and severity of pain was not rated. The treatment plan included physical therapy, interferential (IF) unit rental and medication prescriptions including Norco. His work status was modified duty. Requests for urine toxicology, IF and prescription for gabapentin was not authorized. The medications listed are orphenadrine, gabapentin, omeprazole, flurbiprofen and topical products.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The limited available clinical records did not show documentation of guidelines recommended compliance monitoring of detailed pain assessment, absence of aberrant behavior or functional restoration. The criteria for the use of Norco 10/325mg #60 was not met. Therefore, the requested medical treatment is not medically necessary.