

Case Number:	CM15-0081251		
Date Assigned:	05/01/2015	Date of Injury:	03/08/2004
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
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: Arizona, 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 34 year old male who sustained an industrial injury on 03/08/14. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic care, and epidural steroid injections. Diagnostic studies include x-ray, a discogram, and a MRI of the lumbar spine. Current complaints include pain in the mid and low back as well as the bilateral knees. Current diagnoses include lumbar disc degeneration and bilateral lumbar radiculopathy. In a progress note dated 03/12/15 the treating provider reports the plan of care as medications including MS Contin and Norco. The requested treatments are MS Contin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg 1 po q8h #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not indicated for 1st line in lumbar root pain. Opioids are not indicated for mechanical or compressive etiologies. The claimant had been on MSContin and Norco for over a year with minimal improvement in recent pain with medications (from 9 to 8/10 reduction). The continued and chronic use of MSContin is not justified and not medically necessary.

Norco 10/325mg 1 po q6h and prn #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco in combination with Morphine for over a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.