

Case Number:	CM15-0082805		
Date Assigned:	05/05/2015	Date of Injury:	09/11/2007
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

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 51 year old male, who sustained an industrial injury on September 11, 2007, incurring back and lower extremity injuries after lifting heavy sheet rock. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. Treatment included physical therapy, epidural steroid injection, pain medications, anti-inflammatory drugs, transcutaneous electrical stimulation unit and H-wave, epidural steroid injection and chiropractic sessions. Magnetic Resonance Imaging performed in 2013 revealed lumbosacral foraminal impingement and multi-level spondylosis. Magnetic Resonance Imaging performed in 2015 showed increased disc disease of the lumbosacral spine. Currently, the injured worker complained of persistent lower back pain radiating into the right buttock and lower right extremity with numbness and tingling. The treatment plan that was requested for authorization included a retrospective prescription for Norco from March 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 3/26/15) Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81. Decision based on Non-MTUS Citation ACOEM, 3rd edition, 2011, Guidelines for the Chronic Use of Opioids, page 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Retrospective (DOS: 3/26/15) Norco 10/325 #120 is not medically necessary.