MAXIMUS Federal Services

Case Number:	CM15-0083322		
Date Assigned:	05/05/2015	Date of Injury:	03/08/2012
Decision Date:	06/04/2015	UR Denial Date:	04/04/2015
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: North Carolina, Georgia
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:

This is a 39 year old male with a March 8, 2012 date of injury. At the time (February 3, 2015) of the most recent evaluation submitted for review, there is documentation of subjective findings (midline lumbar spine pain rated at a level of 7/10; pain that radiates through the left leg affecting the shin and the top of the foot; numbness to the top of the left foot; ambulation with a single point cane; pain that is becoming more frequent), objective findings (ambulation with a walker; incisions are well healed), current diagnoses lumbar spondylosis without myelopathy; L5 radiculopathy; lumbar herniated nucleus pulposus; lumbago; lumbar radiculitis/thoracic radiculitis), and treatments to date medications including Neurontin; lumbar spine fusion; physical therapy). The medical record does not indicate that medications help control pain. The treating physician documented a plan of care that included a prescription for Norco 10/325 mg #60.

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 Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.