

Case Number:	CM15-0084501		
Date Assigned:	05/06/2015	Date of Injury:	03/29/2012
Decision Date:	06/18/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/02/2015

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: 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 56 year old female, who sustained an industrial injury on March 29, 2012. The injured worker reported left shoulder and low back pain due to heavy lifting. The injured worker was diagnosed as having lumbar herniated nucleus pulposus (HNP), and foraminal stenosis, radiculopathy, left shoulder ligamentous injury and medication induced gastritis. Treatment and diagnostic studies to date have included physical therapy, acupuncture, medication and magnetic resonance imaging (MRI). A progress note dated March 30, 2015 provides the injured worker complains of worsening low back pain rated 6/10. She reports poor sleep due to back spasm. Physical exam notes lumbar tenderness with numerous trigger points and decreased range of motion (ROM). Magnetic resonance imaging (MRI) and electromyogram were reviewed. The plan includes lab work, median branch block, injections and oral medication including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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): 74-96.

Decision rationale: The MTUS guidelines state that for chronic back pain, opioid medication appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. According to the MTUS guidelines, opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. In this case, the medical records note that opioids have been prescribed for an extended period of time, and the long term use of opioids is not supported. The medical records also do not establish attempt and failure of first line treatments as recommended by the MTUS guidelines. The request for Norco 10/325mg #90 is not medically necessary and appropriate.