

Case Number:	CM15-0087056		
Date Assigned:	05/11/2015	Date of Injury:	09/11/2009
Decision Date:	06/19/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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 36 year old female, who sustained an industrial injury on 09/11/2009. She has reported injury to the left leg and low back. The diagnoses have included left lumbar facet syndrome L3-L5; lumbar spondylosis; and status post radiofrequency lumbar facet neurotomy. Treatment to date has included medications, diagnostics, lumbar transforaminal epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco and Zanaflex. A progress note from the treating physician, dated 04/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased pain in the left lower back; left buttock and left groin pain; pain is rated at 6-7/10 on the visual analog scale; and pain decreases activities of daily living and function. Objective findings included L3-L5 paraspinal spasm to the left lower back; L3-L5 facet tenderness to the left lower back; pain increases on extension and side-bending; and range of motion is decreased to the lumbar spine. The treatment plan has included the request for Norco 10/325mg #90.

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: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 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. Norco 10/325mg #90 is not medically necessary.