

Case Number:	CM15-0087402		
Date Assigned:	05/11/2015	Date of Injury:	01/26/1999
Decision Date:	06/15/2015	UR Denial Date:	04/24/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 56-year-old male, who sustained an industrial injury on 1/26/1999. He reported low back pain. Diagnoses have included lumbar spine pain and degenerative disc disease of the lumbar spine. Treatment to date has included physical therapy and medication. According to the progress report dated 4/7/2015, the injured worker complained of lumbar spine pain and pain in the buttocks and left thigh. The injured worker was permanently partially disabled. He complained of pain while walking on flat surfaces, going up and down stairs and lying in bed. He had a history of acid reflux. Musculoskeletal exam revealed 30% flexion, no extension, 20% left lateral and 30% right lateral movement of the lumbar spine. The treatment plan was to continue cane; walker was to be dispensed. The injured worker was to continue Naproxen, Zantac, Soma, Norco, Colace and Elavil. Authorization was requested for Norco and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #180 with 1 refill: 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): 74-96.

Decision rationale: Guidelines state that Norco is indicated for moderate to severe pain but is not recommended for long-term use. Continued assessment should include efficacy, functional improvement, signs of aberrant use, and side effects. In this case, the patient has taken Norco long term without evidence of significant change or improvement in function. The request for Norco 7.5/325 mg #180 is not medically appropriate and necessary.

Colace 100mg #60 with 1 refill: 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): 74-96.

Decision rationale: Guidelines recommend prophylactic treatment of opioid associated constipation. In this case, the request for Norco is not medically appropriate and necessary. The request for Colace 100 mg #60 with one refill is not medically appropriate and necessary.