

Case Number:	CM15-0232916		
Date Assigned:	12/08/2015	Date of Injury:	05/29/2009
Decision Date:	01/21/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/30/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old male who sustained an industrial injury on 05-29-09. A review of the medical records reveals the injured worker is undergoing treatment for low back pain, lumbar and lumbosacral intervertebral disc degeneration, lumbar and lumbosacral radiculopathy, and lumbar spinal stenosis as well as nonindustrial diagnoses of chronic obstructive pulmonary disease, emphysema, bilateral lower extremity neuropathy, and congestive heart failure. Medical records (11-10-15) reveal the injured worker complains of low back pain rated at 5/10. The physical exam (11-02-15) reveals decreased range of motion of the back due to pain. He ambulates slowly with an antalgic gait and uses a single point cane. The left groin is noted to be painful and tender, and weakness is noted in the left lower extremity. Prior treatment includes medications, physical therapy, oxygen, and psychiatric treatments. Medications include but are not limited to Norco, Zanaflex, Soma, gabapentin, and Neurontin. The original utilization review (11-18-15) modified the request for Norco 10/325mg #190 to #85. The documentation supports that he injured worker has been on Norco since at least 09-04-12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #190: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.