

Case Number:	CM15-0244623		
Date Assigned:	12/24/2015	Date of Injury:	04/17/2000
Decision Date:	01/29/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 57-year-old male sustained an industrial injury on 4-17-00. Documentation indicated that the injured worker was receiving treatment for low back and leg pain. Recent treatment consisted of in-home physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2's dated 5-28-15, 6-26-15, 7-24-15, 8-21-15, 9-18-15 and 10-16-15, the injured worker complained of ongoing low back and left leg pain, associated with cramping, that was exacerbated by cleaning his house. In a PR-2 dated 11-13-15, the injured worker reported that cleaning his house caused flares of back pain with radiation down the left leg and into the testicle associated with muscle spasms. The injured worker reported that Gabapentin reduced muscle spasms and pain medication helped "some" as well. The injured worker also stated that his transcutaneous electrical nerve stimulator unit provided "some" benefit. Physical exam was remarkable for tenderness to palpation over the left sacroiliac joint with spasms, tightness to the right iliotibial band and left sciatic notch, decreased sensation over the left thigh and calf, hypersensitivity to the plantar surface of the left foot and range of motion: extension 0 degrees, right lateral bend 10 degrees and left lateral bend 0 degrees with pain. The injured worker walked with a modified gait due to muscle spasms and could not hop on the left foot. The treatment plan included continuing medications: Gabapentin and Norco (since at least May 2015) and continuing use of transcutaneous electrical nerve stimulator unit. On 12-2-15, Utilization Review modified a request for Norco 7.5-325mg #120 to Norco 7.5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

Decision rationale: Norco 7.5/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Norco without significant evidence of increase in function with use of opioid medication therefore the request for continued Norco is not medically necessary.