

Case Number:	CM14-0112651		
Date Assigned:	08/01/2014	Date of Injury:	08/31/2010
Decision Date:	09/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old female who was injured on 08/31/2010. The mechanism of injury is unknown. Past treatment history included left L5-S1 lumbar epidural cortisone block which was helpful. MRI of the lumbar spine dated 01/01/2014 revealed severe L5-S1 disc space collapse. Progress report dated 06/25/2014 states the patient is having continued pain and weakness in her left leg. She has been recommended for a surgical fusion of L5-S1. On exam, the patient has weakness of the dorsiflexion. She is unable to dorsiflex her foot against gravity. Ankle reflexes are 1+ and muscle strength is 3/5. Her sensation is diminished in the posterolateral aspect of the left thigh. The patient has a diagnosis of severe absent left L5 and moderate right L5 sensory nerve root dysfunction. The patient's Norco was refilled. There are no VAS scores provided and no measurable objective findings within the reports submitted. Prior utilization review dated 07/03/2014 states the request for Norco 7.5mg #50 is not recommended based on guideline criteria and clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, page 76-96 and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Opioids. The Expert Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short term use. Guidelines do not recommend continued opioids use unless there is documented evidence of objective pain relief and functional improvement. There is no supporting documentation of objective pain relief and functional improvement with the use of this medication and hence it is not medically necessary at this time.