

Case Number:	CM14-0132980		
Date Assigned:	08/25/2014	Date of Injury:	05/24/2013
Decision Date:	09/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 64 year old male who sustained low back pain radiating down the right leg as a result of a work related injury on 5-24-2013. He underwent nerve conduction velocity testing and a lumbar MRI. These tests were consistent with the diagnosis of an L5 radiculopathy. His physical exam reveals diminished sensation to the left lumbar dermatome; his lumbar spine is tender and reveals diminished range of motion. He has been treated with physical therapy, a TENS unit, topical lidocaine, topical anti-inflammatories and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60, with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: For chronic treatment with opioid medications the above cited guidelines state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after

taking the opioid; how long it takes for pain relief; and how long pain relief. There should be a pain contract in place, monitoring for side effects and urine drug screening should occur. In this case, the treating physician has documented improved pain and functional status as a result of the opioid medications. There is an opioids contract in place. There is monitoring for diversion via drug screening and questions have been asked regarding side effects. The guidelines state that "opioid medications should be continued if there is improved pain and functional status." Therefore, Norco 10/325 mg, #60 with one refill is medically necessary.