

Case Number:	CM15-0100699		
Date Assigned:	06/03/2015	Date of Injury:	07/28/2005
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on 7/28/05. The injured worker was diagnosed as having depression, lumbar fusion, status post lumbar fusion and hardware removal and negative response to spinal cord stimulation. Treatment to date has included lumbar fusion followed by hardware removal, oral medications including opioids, physical therapy, home exercises, spinal cord stimulation and a trial functional program. Currently, the injured worker complains of low back pain with radiation. He notes his daily pain is 6-9/10 without medications and 4-5/10 with medications; with medications he is able to perform some ADL's, walk for exercise and improve his overall quality of life. Physical exam noted tenderness to the lumbar paraspinal muscles with decreased range of motion and a slow gait. The treatment plan included a request for authorization for Norco 10/325mg #180 dated 3/9/15 and Norco 10/325mg #180 dated 4/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180 Dispensed 5/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Norco 10/325 MG #180 DND Until 6/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

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