

Case Number:	CM15-0016714		
Date Assigned:	02/05/2015	Date of Injury:	02/11/2005
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Family Practice

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 50 year old male patient, who sustained an industrial injury on 02/11/2005. A secondary treating office visit dated 11/19/2014 reported the patient having difficulty in stabilizing a recent flare up. He also reported improvement of his function. The patient rates his current pain with medications at a 3-5 out of 10 in intensity. The daily medication regimen keeps his pain controlled enough to function. He is prescribed Anaprox DS, Lorcet, Soma, Prilosec, Naproxen and Capflex cream. He is diagnosed with herniated nucleus pulposus lumbar spine at L4-5/L5-S1; left lower extremity radiculitis; myofascial pain syndrome; rule out lumbar facet syndrome and sleep disturbance secondary to pain. The plan of care involved considering another lumbar epidural steroid injection; remain on current medication regimen with refills given for Norco 10/325 MG; continue with home exercise program and follow up. A request was made for Norco 10/325 MG. On 01/08/2015 Utilization Review non-certified the request, noting the CA MTUS, Chronic Pain, Opioids was cited. The injured worker submitted an application on 01/29/2015 for an independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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): 74-96.

Decision rationale: According to the MTUS guidelines, long term use of opioids is not supported due to the development of habituation and tolerance. Long term use of opioids also leads to hormonal imbalance in men. The injured worker is followed for chronic pain and has been prescribed opioids for an extended period of time. Prior recommendations have been rendered for weaning of opioids. The medical records do not establish evidence of improvement in pain or function to support the request for ongoing opioid use. The request for Norco 10/325 mg #120 is not medically necessary.