

Case Number:	CM15-0017052		
Date Assigned:	02/03/2015	Date of Injury:	12/06/1998
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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: Orthopedic Surgery

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 62 year old female, who sustained an industrial injury on 12/6/1998. The current diagnoses are lumbar spine sprain/strain. Currently, the injured worker complains of constant low back pain; however, most severe pain involves legs after walking one block and has to stop. Exam note 12/22/14 demonstrates severe pain into the leg. Low back pain is reported without medication as a 7 to 8 out of 10. Medication is noted to not improve leg symptoms or walking ability. Exam demonstrates moderate pain with spasms and tenderness. Straight leg raise testing is noted. Patient remains at temporary total disability status. Treatment to date has included medications, physical therapy, chiropractic, and epidural steroid injections. The treating physician is requesting Norco 7.5/325mg #120, which is now under review. On 1/19/2015, Utilization Review had non-certified a request for Norco 7.5/325mg #120. The Norco was modified to 108 to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg Quantity: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 12/22/14. Therefore the determination is for non-certification.