

Case Number:	CM15-0113289		
Date Assigned:	06/19/2015	Date of Injury:	09/04/2006
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 53 year old male, who sustained an industrial injury on 9/4/06. The injured worker was diagnosed as having post-operative posterior lumbar interbody fusion with laminectomy and screw fixation with posterolateral fusion (2011), left sacroiliac joint sprain and bilateral lower extremity radiculitis, medication induced gastritis, post-operative left lateral femoral cutaneous nerve decompression and sleep disorder. Treatment to date has included posterior lumbar interbody fusion with laminectomy and screw fixation with posterolateral fusion (2011), physical therapy, home exercise program, oral medications. Currently, the injured worker complains of burning, numbness, aching and weakness of low back. Physical exam noted tenderness to palpation with spasm over the left greater than right paraspinal musculature with restricted range of motion and a well healed lumbar spine surgical scar. A request for authorization was submitted for Norco 10/325mg #120, random urine drug screening and liver function tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #120 is not medically necessary.