

Case Number:	CM15-0114314		
Date Assigned:	06/22/2015	Date of Injury:	06/30/2011
Decision Date:	07/24/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York, West Virginia,
Pennsylvania Certification(s)/Specialty: Emergency 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:

This 42 year old man sustained an industrial injury on 6/30/2011. The mechanism of injury is not detailed. Diagnoses include lumbar disc displacement and lumbosacral neuritis. Treatment has included oral medications. Physician notes on a PR-2 dated 5/8/2015 show complaints of lumbar pain rated 8/10 with radiation to the bilateral lower extremities and numbness in the left foot. Recommendations include back brace, continue current medications regimen, scheduled for AME, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: 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: Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional

improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco without evidence of significant benefit in pain or function to support long term use. The request for Norco 10/325 mg #90 is not medically appropriate and necessary.