

Case Number:	CM15-0119949		
Date Assigned:	06/30/2015	Date of Injury:	10/29/2014
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 30-year-old female who sustained an industrial injury on 10/29/2014. Diagnoses include lumbosacral sprain/strain with herniated disc and left elbow sprain/strain. Treatment to date has included medications and physical therapy. According to the PR2 dated 4/22/15, the IW reported low back pain radiating to the right foot with numbness and tingling. She also reported needing to use a cane to prevent falls due to poor balance and pain. She complained of spasms, swelling, and difficulty sleeping. She also reported pain in the left elbow radiating to the small finger. On examination, there was tenderness from L2 through L5 of the lumbar spine, positive right straight leg raise and decreased range of motion. MRI of the lumbar spine on 4/7/15 showed mild lumbar hyperlordosis; a 4-5 mm central /slightly left paramedian disc protrusion at L4-5 with mild to moderate central and bilateral foraminal narrowing, greater on the left; an 8 mm central and right paramedian disc protrusion at L5-S1: impingement of the right S1 nerve root is demonstrated. A request was made for Norco 7.5mg/325mg, #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg 1 tab twice daily as needed #60: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 7.5/325mg 1 tab twice daily as needed #60 is not medically necessary.