

Case Number:	CM15-0123955		
Date Assigned:	07/08/2015	Date of Injury:	10/17/2008
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/26/2015

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, North Carolina
 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 51 year old male who sustained an industrial /work injury on 10/17/08. He reported an initial complaint of low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, and post laminectomy syndrome, and lumbar region. Treatment to date includes medication, surgery (laminectomy, nerve root decompression, lumbar disc fusion at L4-5), spinal cord stimulator, epidural steroid injections. CT scan results reported on 4/20/15. Currently, the injured worker complained of lower back pain and right lower extremity pain and increased radicular pain. Pain was rated 5/10 and interfered with sleep and activities. Per the primary physician's report (PR-2) on 6/3/15, exam noted ambulation with a limp, healed scar, tenderness over the lumbar paraspinal muscles, lumbar range of motion revealed flexion 30 degrees, diminished sensation to light touch at right lower extremity L4-5 and L5-S1. Current plan of care included medication, epidural steroid injection, and psych consultation regarding depression. The requested treatments include Norco 10-325mg (06/23/15 and 07/23/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120 1 by mouth every 6 hours as needed for pain (06/23/15 and 07/23/15):
 Upheld

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

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

Decision rationale: CA MTUS recommends opioids for neuropathic pain that has not responded to first-line agents (antidepressants, anti-epileptics). In this case a psychiatric consult is pending for depression, and an antidepressant could result in significant pain relief. Long-term use of opioids is not recommended. This claimant's date of injury was in 2008. If long-term use is indicated, improved function and pain relief should be demonstrated. In this case, there is no medical documentation submitted indicating improved function or pain relief from the Norco. In addition, a recent urine drug screen was found to be inconsistent (negative for opioids) without an explanation. Given the above, the request is not medically necessary or appropriate.