

Case Number:	CM15-0023442		
Date Assigned:	02/13/2015	Date of Injury:	03/27/2009
Decision Date:	06/23/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 (IW) is a 56-year-old male who sustained an industrial injury on 03/27/2009. He reported back pain. The injured worker was diagnosed as having sacroiliitis not elsewhere classified; displacement lumbar intervertebral disc without myelopathy; thoracic/lumbosacral neuritis/radiculitis, unspecified; spasm of muscle. Treatment to date has included manual therapy, injections, surgery (Lumbar decompression and fusion on 05/02/2013, and Lumbar Microdiscectomy on 03/14/2011) and Pain Management with medications and implantation of a spinal cord stimulator (08/11/2014) with paddle leads. Currently, the injured worker on 11/11/2014 is evaluated for how well the spinal cord stimulator with paddle leads is working. He reports greater than 50% relief of his lumbar spine and lower extremity pain with spinal cord stimulator and reports being able to sleep better. He continues to report needing Norco and Gabapentin for relief of residual pain that is not covered by the Spinal cord stimulator. His pain intensity is rated as 6 on a scale of 0-10. He has a signed Opiate contract and has been medication compliant. The plan of care is to continue attempting to restrict pain medication use over the next month and document pain and functionality with and without medications. He does not anticipate return to work. He is profoundly disabled despite two surgical interventions and a spinal cord implant. Norco 10/325mg #120 is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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): 76-84.

Decision rationale: The injured worker (IW) is a 56-year-old male who sustained an industrial injury on 03/27/2009. He reported back pain. The injured worker was diagnosed as having sacroiliitis not elsewhere classified; displacement lumbar intervertebral disc without myelopathy; thoracic/lumbosacral neuritis/radiculitis, unspecified; spasm of muscle. Treatment to date has included manual therapy, injections, surgery (Lumbar decompression and fusion on 05/02/2013, and Lumbar Microdiscectomy on 03/14/2011) and Pain Management with medications and implantation of a spinal cord stimulator (08/11/2014) with paddle leads. Currently, the injured worker on 11/11/2014 is evaluated for how well the spinal cord stimulator with paddle leads is working. He reports greater than 50% relief of his lumbar spine and lower extremity pain with spinal cord stimulator and reports being able to sleep better. He continues to report needing Norco and Gabapentin for relief of residual pain that is not covered by the Spinal cord stimulator. His pain intensity is rated as 6 on a scale of 0-10. He has a signed Opiate contract and has been medication compliant. The plan of care is to continue attempting to restrict pain medication use over the next month and document pain and functionality with and without medications. He does not anticipate return to work. He is profoundly disabled despite two surgical interventions and a spinal cord implant. Norco 10/325mg #120 is requested.