

Case Number:	CM15-0026513		
Date Assigned:	02/18/2015	Date of Injury:	09/24/1997
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male injured worker suffered and industrial injury on 9/24/1997. The diagnoses were post laminectomy syndrome, lumbar spondylitis, chronic pain syndrome, depression, and bilateral IT band inflammation. The treatments were lumbar laminectomy 1998, medications and physical therapy. The treating provider reported low back pain with bilateral leg pain. The Utilization Review Determination on 1/22/2015 non-certified Norco 10/325 # 240, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74-95, 63-66.

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

Decision rationale: The patient presents with lower back pain with bilateral leg numbness. The current request is for Norco 10/325 #240. The treating physician documented that the patient has not had any allergies or side effects to the medication, has been taking Norco since at least

August 2014, and stated, Norco 10/325 two PO q6h #240. (18B) The patient's urine drug tests have been consistent. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the current medication usage has allowed the patient to return to work as an electrician and pain levels have not increased. There is thorough documentation of CURES and UDS with no reported side effects. The current request is medically necessary and the recommendation is for authorization.