MAXIMUS Federal Services

Case Number:	CM15-0063781		
Date Assigned:	04/09/2015	Date of Injury:	04/15/2011
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/03/2015

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: Pennsylvania, Ohio, California
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 injured worker is a 26 year old male, who sustained an industrial injury on April 15, 2011. He reported low back pain. The injured worker was diagnosed as having sprain of lumbar region, degeneration of lumbar or lumbosacral intervertebral discs, chronic low back pain, spinal stenosis of the lumbosacral region, chronic pain syndrome and sacroiliac joint pain. Treatment to date has included diagnostic studies, physical therapy, an H-wave device, medications and work modifications. Currently, the injured worker complains of low back pain with "pins and needles" to the posterior, proximal thighs. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 3, 2014, revealed continued intermittent low back pain radiating to the thighs. It was noted he tries to take as little amount of pain medication as he can stand. He reported taking pain medication only when the pain was severe. Pain medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.