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| Case Number: | CM15-0064298 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 03/24/1999 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/28/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 57 year old female who sustained an industrial injury on 03/24/1999. Diagnoses include status post lumbar laminectomy, severe facet arthropathy, overgrowth, neural foraminal compromise, spinal stenosis in the lumbosacral region with persisting radicular symptoms of the right leg, status post radiofrequency ablation procedure in the past with some improvement of facet-mediated pain, narcotic pump trial and failure with removal, depression and anxiety, neuropathic component of burning pain in her legs, improved with Lyrica, and non-industrial chronic obstructive pulmonary disease-oxygen dependent, and obesity. Treatment to date has included diagnostic studies, surgery, medications, narcotic pump with failure, and exercise. A physician progress note dated 03/11/2015 documents the injured worker complains of constant pain in her back with severe spasms. She rates her pain as 9 out of 10, and at best with medications her pain is 4 out of 10, and without medications pain is 10 out of 10. With her medications she has a 50% reduction in her pain and 50% increase in her functional improvement. She has muscle spasm in the lumbar trunk with loss of lordotic curvature, secondary to intrinsic muscle spasm. She can flex 20 degrees, and extend 5 degrees. She has 4/5 weakness in right thigh flexion, knee extension and great toe extension. She ambulates with a limp with the right lower extremity. The treatment plan is refilling medications. Treatment requested is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, When to continue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioid use. The request for Norco 10/325mg #180 is not medically necessary.