

Case Number:	CM15-0067801		
Date Assigned:	04/15/2015	Date of Injury:	08/21/2009
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on August 21, 2009. The injured worker reported back pain. The injured worker was diagnosed as having lumbar intervertebral disc displacement, lumbar radiculopathy and left hip arthroscopy. Treatment and diagnostic studies to date have included surgery, medication and physical therapy. A progress note dated March 12, 2015 provides the injured worker complains of low back and leg pain with numbness and tingling. He has had a lair up since an injury during physical therapy after lumbar surgery. His pain is greater in legs than back and primarily in the left keg. Physical exam notes well healed lumbar surgical scar with normal straight leg raises, heal and toe walking, deep knee bending and gait. The plan includes medication diagnostic tests and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 12 months. Norco 10/325mg, #180 is not medically necessary.