

Case Number:	CM15-0070277		
Date Assigned:	04/20/2015	Date of Injury:	02/12/2005
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 38 year old male, who sustained an industrial injury on February 12, 2005. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbago, lumbar stenosis, failed back surgery syndrome, cervicalgia and other testicular hypofunction. Treatment to date has included medication, radiological studies, physical therapy, epidural steroid injections, bilateral medial branch blocks, myofascial injections, bilateral sacroiliac joint injection, electrostimulation, chiropractic care and low back surgery. Current documentation dated March 11, 2015 notes that the injured worker reported low back pain. Detailed examination of the lumbar spine was not provided. The documentation notes that without medication the injured worker is unable to perform his activities of daily living. The medication was noted to control the injured workers pain by fifty-sixty percent. The treating physician's plan of care included a request for Norco 10/325 mg # 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: MTUS 2009 states that opioid medications should be discontinued if there is no objective functional improvement attributable to their use. The medical records do not document any meaningful functional improvement. The patient continues to be considered for surgery due to unrelenting pain and has not been able to function in a vocational capacity due to continued pain. This request for Norco 10mg/325 mg #240 does not adhere to MTUS 2009 since there is no clinically meaningful functional improvement and is not medically necessary.