

Case Number:	CM15-0074133		
Date Assigned:	04/24/2015	Date of Injury:	10/10/2007
Decision Date:	05/21/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/17/2015

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 48-year-old male who sustained an industrial injury on 10/10/07. The diagnoses have included post laminectomy syndrome, lumbar degenerative disc disease (DDD), and chronic pain syndrome. Treatment to date has included medications, diagnostics and activity modifications. The diagnostic testing that was performed included lumbosacral x-rays and electromyography (EMG)/nerve conduction velocity studies (NCV). The current medications included Norco, Pamelor, Norflex, and Lyrica. Currently, as per the physician progress note dated 3/6/15, the injured worker complains of low back pain. The pain was rated 9/10 on pain scale, which was increased from the last visit, which was 8/10 on pain scale. It was noted that he was awaiting authorization for physical therapy and blood test. The objective findings revealed that he ambulates with seated walker. The lumbosacral assessment revealed decreased painful range of motion with positive trigger points noted. The review of systems revealed positive numbness, joint pain, muscle weakness, depression and insomnia. The injured worker was not working at the time of the exam. His medication mix is reported to give 10% pain relief, which has recently diminished. There was no urine drug screen report although testing was reported in the Jan. visit. Work status was permanent and stationary. The physician requested treatment included Norco 5/325mg #75 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional Improvement Measures Page(s): 78-80/48.

Decision rationale: To justify the long-term use of opioid medications MTUS Guidelines have quite specific standards care, which are necessary to be documented. The complete standards of care are not met. More recent documentation reports no meaningful pain relief from opioid use. More remote documentation states that his medication mix gives slight relief (10%), but the opioid mediation is not separated out from the other multiple meds. Functional measures are not quantified or specific to the use of opioids. Results of urine drug screens are not reported. Under these circumstances, the continued use of opioids is not Guideline supported. The Norco 5/325 #75 is not medically necessary.