

Case Number:	CM15-0096133		
Date Assigned:	05/27/2015	Date of Injury:	12/13/2001
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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 32-year-old, female who sustained a work related injury on 12/13/01. The diagnoses have included failed lumbar spine surgery, lumbosacral facet compromise, lumbar spine disc disruption and exacerbation of chronic spinal pain. Treatments have included medications, failed back surgery and aquatic therapy. In the PR-2 dated 4/17/15, the injured worker complains of lower back pain. She describes the pain as cramping, sharp, stabbing, pressure and shooting. She rates her pain level a 4/10. She is experiencing back stiffness and numbness in right and left leg. Any movement involving lower back makes pain worse. She has tenderness to palpation across lumbosacral spine with muscle spasm along the paraspinous area of lumbar spine. She has benefit with medications. She is on the lowest effective dose of pain medication. She has attempted to wean the medications with increased pain, suffering and decreased functional capacity. She is able to work full time on the medications. The treatment plan includes a continuation of medications with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

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

Decision rationale: MTUS discusses in detail the 4A'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 4A'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.