

Case Number:	CM15-0096723		
Date Assigned:	05/27/2015	Date of Injury:	06/16/2014
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
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: Florida

Certification(s)/Specialty: Family Practice

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 79-year-old male who sustained an industrial injury on 6/16/14. The injured worker was diagnosed as having low back pain, lumbar radiculitis, chronic pain, lumbar degenerative disc disease, facet arthritis of lumbar region and sacroiliac joint dysfunction. Currently, the injured worker was with complaints of pain in the lower back and left leg. Previous treatments included medication management, massage therapy, injection and physical therapy. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 4/10 with medication and 10/10 without medication. Physical examination was notable for tenderness to palpation to the left sided facet joint with painful range of motion. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-80 of 127 Page(s): Criteria for use of opioids, page(s) 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, the patient is being prescribed Norco since Tramadol was not sufficient to control his pain. There is no documentation of a pain management contract or of frequent drug screens being performed. Likewise, this request is not medically necessary.