

Case Number:	CM14-0077711		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2011
Decision Date:	10/21/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who has submitted a claim for lumbosacral neuritis, sacroiliitis and backache associated with an industrial injury date of 10/11/2011. Medical records from 2014 were reviewed. Patient complained of back pain radiating from low back down to her right leg. Pain is rated at 5 out of 10 with medications and 9 out of 10 without medications. Physical examination revealed tenderness, spasm and tight muscle band noted on the paravertebral muscles on the right side over the lumbar area. Lumbar range of motion is also limited. FABER test is positive. Tenderness was also noted over the sacroiliac spine. Treatment to date has included oral medications, such as Norco (since at least December 2013). Utilization review date of 05/19/2014 denied the request for Norco 5/325mg #120 because overall it is not clear that this patient has a diagnosis for which the opioid component of the patient's treatment is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been prescribed Norco since at least December 2013. The medical records reflect continued analgesia from use of medication. Patient had UDS done on 05/01/2014 results of which were consistent with prescribed medication. Medical necessity has been established. Therefore, the request for Norco 5/325mg #120 is medically necessary.