

Case Number:	CM14-0211567		
Date Assigned:	12/24/2014	Date of Injury:	10/19/2010
Decision Date:	09/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Emergency 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 57-year-old male, who sustained an industrial injury on 10-19-2010. The injured worker was diagnosed as having thoracic-lumbosacral neuritis, unspecified, and lumbar spinal stenosis with neurogenic claudication. Treatment to date has included diagnostics, lumbar spinal surgery on 9-10-2014, physical therapy, and medication. Per the progress report on 11-19-2014, the injured worker complains of symptoms slowly improving. His current medication regimen was documented as Gabapentin, Tramadol ER, Naproxen, Norco, Prilosec, and Fexmid. Urine toxicology (11-19-2014) was consistent with use of Hydrocodone, Tramadol, Amitriptyline, and Cyclobenzaprine. Pain was rated 5-9 out of 10. The use of Norco was noted since at least 5-07-2014. The treatment plan included the continued use of Norco as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg, #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic lumbar pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325mg, #180 is not medically necessary.