

Case Number:	CM15-0002092		
Date Assigned:	01/13/2015	Date of Injury:	10/05/1994
Decision Date:	04/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 a 48-year-old male who reported an injury on 10/05/1994. The mechanism of injury was not provided. On 12/22/2014, the injured worker presented with low back pain. The current medication list was not provided. The injured worker had undergone at least 2 previous back surgeries including a lumbar fusion in 1995. The injured worker had a fair amount of anxiety and depression and denies any fevers; chills; night sweats; and bowel or bladder, cardiopulmonary, or neurologic changes. Prior therapies also included an epidural steroid injection and medications. A previous unofficial MRI performed on 02/19/2013 revealed L4-5 degenerative disc disease, annular tear, and HNP and L5-S1 degenerative disc disease and degenerative joint disease without change from the previous exam. The provider recommended Norco 7.5/325 mg 1 tablet every 8 hours. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg 1 tab every 8 hours if necessary: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11 ed. McGraw Hill, 2006, the Physician's Desk Reference, 68th ed,

www.RxList.com, the ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, the AMDD Agency Medical Directors' Group Dose Calculator, and the ACOEM Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 7.5/325 mg 1 tablet every 8 hours is not medically necessary. The California MTUS states that opioids are recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, there is no information on treatment history and length of time the injured worker had been prescribed Norco. There is no recent urine drug screen or signed pain contract submitted for review. As such, medical necessity has not been established.