

Case Number:	CM15-0002877		
Date Assigned:	01/13/2015	Date of Injury:	07/21/2012
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on 07/21/2012. She has reported subsequent low back, shoulder, neck and lower extremity pain with numbness and tingling in the left lower extremity. The diagnoses have included lumbar radiculopathy, lumbar disc protrusion, foraminal stenosis, shoulder joint pain, spasm of muscle and lumbago. Treatment to date has included oral pain medication, epidural injections, physical therapy and a home exercise program. Currently the injured worker complains of worsening low back and left lower extremity radicular symptoms. The injured worker's pain was noted to be 8/10 without medication and 3/10 with the use of medication and indicated that the medications were allowing the injured worker to tolerate doing her home exercise program consistently as well as allowing her to complete activities of daily living. Objective physical examination findings were notable for limited range of motion in the lumbar spine with flexion and extension with pain and lumbar spine abnormal reversal lumbar lordosis. A request was made for a refill of Norco to assist with pain reduction. On 12/26/2014, Utilization Review non-certified a request for Norco, noting that there was no evidence of objective functional improvement with prior medication use and no documentation of a current urine drug test, risk assessment profile, attempt at weaning/tapering or an updated and signed pain contract between provider and injured worker. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg take 1 tablet every 8 hours as needed to pain (max 2/day), qty: 60, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10-325mg # 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. Additionally, this medication was prescribed in conjunction with other opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.