

Case Number:	CM15-0003969		
Date Assigned:	01/14/2015	Date of Injury:	12/07/2004
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, New York
 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:

This male was injured 12/7/04. Current complaints include constant sharp, aching and burning pain in the lateral aspects of the lower lumbar spine with constant numbness and tingling radiating down the posterior aspect of the left lower extremity. The pain intensity is 8/10 and his quality of life is affected. Medications are Norco, Neurontin and Lidoderm patches. Diagnoses included low back pain; degenerative lumbar disc; lumbar facet joint syndrome; sciatica; bulging disc and spinal stenosis. Treatments were selective nerve root injection, acupuncture, oral medication and home exercise program. Diagnostic studies were MRI of the lumbar spine revealing central disc protrusion at L4-5. Norco 10/325 #40 was requested as conservative measures have failed to relieve the injured workers pain. On 12/15/14 Utilization Review non-certified the request for Norco 10/325 # 40 based on insufficient documentation for an extension, assessment for aberrant behavior, of how Norco is being utilized, an up-to-date urine drug screen and no plan to discontinue the narcotics. MTUS, Chronic Pain Medical Treatment Guidelines and ODG were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Hydrocodone/Acetaminophen (e.g., Vicodin, Lortab)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and functional capacity. . There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.