

Case Number:	CM15-0005786		
Date Assigned:	01/26/2015	Date of Injury:	09/07/2011
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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
 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 65 year old male, who sustained an industrial injury on 9/07/2011. The diagnoses have included low back pain, lumbar discogenic pain syndrome and lumbar radiculitis. Treatment to date has included epidural steroid injection (ESI), medications and modified activity. Magnetic resonance imaging (MRI) of the lumbar spine is read by the evaluating provider as demonstrating disc desiccation throughout the lumbar spine with spondylitic disc bulging at several levels with moderate to severe canal stenosis. Currently, the Injured Worker complains of low back pain. He states that the pain has decreased by over 50% since the administration of an ESI on 11/05/2014. There is less pain in the buttock and no radiation to the thighs. He is able to be more active after the injection. He is taking Norco and Flexeril with good benefit and no side effects. Objective findings included tenderness in the paraspinal muscles with improved range of motion. Straight leg is negative. On 12/08/2014, Utilization Review non-certified a request for Norco 10/325mg, noting a lack of documentation of functional improvement, the ACOEM and ODG were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

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

Decision rationale: The requested Norco 10/325 mg, 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 low back pain. He states that the pain has decreased by over 50% since the administration of an ESI on 11/05/2014. There is less pain in the buttock and no radiation to the thighs. He is able to be more active after the injection. The treating physician has documented tenderness in the paraspinal muscles with improved range of motion. Straight leg is negative. 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, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg is not medically necessary.