

Case Number:	CM15-0005982		
Date Assigned:	01/26/2015	Date of Injury:	02/12/2003
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
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: Utah, Arkansas
 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:

The injured worker is a 67year old female, who sustained a work/ industrial injury on 2/12/03. She has reported symptoms of chronic neck and back pain. Past medical history included hypercholesterolemia. Per the progress report dated 12/5/14, the IW had ongoing pain in the neck and low back which increased in colder weather. Clinical findings included midline cervical and lumbar tenderness, spasm over the paracervical and paralumbar musculature, end range cervical pain, mildly positive Spurling's test on the left, painful heel and toe walk, and decreased lumbar range of motion. The diagnoses have included lumbar disc displacement, lumbosacral spondylolysis, and lumbar spine discopathy. Current prescriptions were noted as Naproxen and Norco. On 12/24/14, Utilization Review modified a prescription for Norco 10/325 mg #60 to Norco 10/325 mg #11, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. In addition, according to the documentation provided, the pain appears to be chronic, lacking indications for fast acting pain control medications. There has been a previous taper that has been recommended. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.