

Case Number:	CM15-0108181		
Date Assigned:	06/12/2015	Date of Injury:	07/28/2003
Decision Date:	07/14/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 7/28/03. He reported pain and burns on the face, chest, left arm, left leg, right leg and low back. The injured worker was diagnosed as having chronic pain syndrome with recurrent pain, chemical burn injury to face, torso, and extremities, reflex sympathetic dystrophy of the left lower extremity, complex regional pain syndrome, sacroiliac pain secondary to gait abnormality, exogenous depression due to chronic pain and gastrointestinal symptoms due to long-term medications. Treatment to date has included left L3 sympathetic radiofrequency neurotomies, physical therapy, TENS, and medication. On 5/7/15, pain was rated as 5-8/10. The injured worker had been taking Norco since at least 10/31/13. Currently, the injured worker complains of left leg pain with coldness, swelling, color changes, hypersensitivity, and numbness. The treating physician requested authorization for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 65 year old male has complained of bilateral leg pain and lower back pain since date of injury 7/28/03. He has been treated with TENS, lumbar spine neurotomies, physical therapy and medications to include opioids since at least 10/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.