

Case Number:	CM15-0010664		
Date Assigned:	01/28/2015	Date of Injury:	09/11/2008
Decision Date:	04/10/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 9/11/08. She has reported low back injury. The diagnoses have included lumbar disc disease, lumbar radiculitis, major depression, generalized anxiety and panic disorder. Treatment to date has included physical therapy, lumbar epidural injection, acupuncture, trigger point injections and oral medications. Currently, the injured worker complains of pain radiating from low back down tight leg. The injured worker noted her pain level was reduced with oral medications and they are working well. On 1/14/15 Utilization Review non-certified Norco 10/325mg #90, noting the lack of documentation of a random urine drug screen for several years. The MTUS, ACOEM Guidelines, was cited. On 1/19/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg, #90 is not medically necessary.