

Case Number:	CM15-0011412		
Date Assigned:	01/29/2015	Date of Injury:	04/01/1999
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female with an industrial injury dated 04/01/1999. Her diagnoses include status post lumbar decompression, status post cervical fusion at multiple levels, status post bilateral carpal tunnel release, and psychological diagnosis. Recent diagnostic testing was not submitted or discussed. She has been treated with medications, surgery, psychological evaluations and treatment, electrical stimulation, and injections (09/15/2014). In a progress note dated 12/18/2014, the treating physician reports exacerbation of pain due to the cold weather. The objective examination revealed tenderness to the lower lumbar paravertebral musculature, decreased range of motion and negative straight leg raises bilaterally, and tenderness in the posterior cervical and bilateral trapezial musculature with decreased range of motion. The treating physician is requesting Norco which was modified by the utilization review. On 01/15/2015, Utilization Review modified a prescription for Norco 10/325mg #40 to the approval of Norco 10/325mg #20, noting the lack of documented objective functional improvement with the use of this medication. The MTUS Guidelines were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of Norco 10/328mg #40.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration VS. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.