

Case Number:	CM15-0132515		
Date Assigned:	07/20/2015	Date of Injury:	10/14/2011
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/09/2015

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 29-year-old male, who sustained an industrial injury on October 14, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbar disc displacement without myelopathy and lumbago. Treatment to date has included diagnostic studies, injection, physical therapy, exercise, heat, ice application and medications. On June 3, 2015, the injured worker complained of cramping, numbness and muscle tightness in his left leg. He continued to have ongoing low back and bilateral lower extremity pain. The pain in his left leg goes all the way down to his ankle and right side into the calf. He rated his pain as an 8 on a 1-10 pain scale with medications. He reported that his medications do help to improve his pain. He is currently not working. The treatment plan included medication, home exercise and a follow-up visit. On June 15, 2015, Utilization Review modified a request for Norco Tab 10/325 mg #90 for 30 days supply to Norco Tab 10/325 mg #60 for 30 days supply, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #90 for 30 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

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): 78-82.

Decision rationale: The requested Norco tab 10-325mg #90 for 30 days supply 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 cramping, numbness and muscle tightness in his left leg. He continued to have ongoing low back and bilateral lower extremity pain. The pain in his left leg goes all the way down to his ankle and right side into the calf. He rated his pain as an 8 on a 1-10 pain scale with medications. 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 tab 10-325mg #90 for 30 days supply is not medically necessary.