

Case Number:	CM15-0133086		
Date Assigned:	07/21/2015	Date of Injury:	05/11/1998
Decision Date:	09/21/2015	UR Denial Date:	06/19/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52-year-old female, who sustained an industrial injury on May 11, 1998. She reported chronic low back pain after falling from a trailer and fracturing the coccyx. The injured worker was diagnosed as having chronic back pain. Treatment to date has included diagnostic studies, conservative care, medications and activity restrictions. Currently, the injured worker complains of chronic low back pain and bilateral lower extremity pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 5, 2015, revealed increasing pain. Straight leg test was negative bilaterally. It was noted she took 4 Norco per day. The visual analog scale (VAS) used to rate the pain from 1-10 with 10 being the worst was noted at 5. Evaluation on April 3, 2015, revealed increased back pain and bowel problems. She noted more frequent constipation with intermittent runny stools. It was noted lumbar range of motion was decreased. She continued to rate her pain at a 5 on the VAS. Norco was continued. Norco 10/325mg #240 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not medically necessary in the records.