

Case Number:	CM15-0138010		
Date Assigned:	07/27/2015	Date of Injury:	07/24/2003
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 62-year-old male who sustained an industrial injury on 7/24/2003 resulting in low back pain. He is diagnosed with degenerative lumbar intervertebral disc and spondylolisthesis. Treatment discussed in provided medical records is medication which he states helps with pain and his ability to function. No other treatment information is documented. The injured worker continues to present with constant back pain. The treating physician's plan of care includes Norco 10-325 mg. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-91.

Decision rationale: CA MTUS states that Norco, a short-acting opioid is indicated for moderate to severe pain. The patient has had 2 inconsistent urine drug screens (UDS) which were negative for opioids. Thus the patient does not appear to be taking the opioids as prescribed. There is also no detailed information submitted regarding increase in functional improvement and ability to return to work. Thus the request is deemed not medically necessary or appropriate.