

Case Number:	CM15-0139054		
Date Assigned:	07/29/2015	Date of Injury:	06/09/2013
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 48 year old female who sustained an industrial injury on 06-09-13. Initial complaints and diagnoses are not available. Treatments to date include medications, psychological counseling, heating pads, Jacuzzis, topical creams and pain patches, an inpatient hospitalization, and a psychological treatment facility. Diagnostic studies include a MRI of the lumbar spine on 04-22-15 which showed multiple bulging discs. Current complaints include neck, shoulder and back pain, headaches, and numbness in the wrists and legs rated at 9/10. Current diagnoses include chronic cervical, thoracic, and lumbar strain. In a progress note dated 05-28-15 the treating provider reports the plan of care as home exercise program, Norco and Soma, as well as contacting the network to received authorized physical therapy. The requested treatment includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.