

Case Number:	CM15-0139156		
Date Assigned:	07/29/2015	Date of Injury:	01/19/2015
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
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, Georgia
 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 45 year old male, who sustained an industrial injury on 1/19/2015. He reported low back pain after a motor vehicle accident. The injured worker was diagnosed as having lumbar intervertebral disc degeneration, and transitional vertebra. Treatment to date has included medications, physical therapy, x-ray of the lumbar spine (5/26/2015), magnetic resonance imaging of the lumbar spine (3/13/2015), and lumbosacral support belt. The request is for Norco. Several pages of the medical records have handwritten information which is difficult to decipher. On 3/16/2015, he reported worsened low back pain, rated 9-10/10. On 4/10/2015, he complained of low back pain with radiation to the right calf. He rated his pain 8/10 and is requesting a refill on Norco. He is off work. The treatment plan included: Norco. On 6/11/2015, he complained of low back pain. The current medications: Norco. He was referred for pain management. He indicated his low back pain to be worse with standing from a sitting position, bending, and lifting something up from the ground, and better when lying supine. He has completed 6 physical therapy sessions, and uses a lumbosacral support belt. He reported taking 3-4 tablets of Norco per day. He last worked in March 2015. His blood pressure is noted to be 127/84. He rated his pain a 7. He is negative for Waddells signs. The treatment plan included: Norco, physical therapy, magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet every 4-6 hours as needed, #90 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of Medications Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does report a 50 % reduction in pain from the use of medication but does not describe any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.