

Case Number:	CM15-0143765		
Date Assigned:	09/01/2015	Date of Injury:	10/15/2002
Decision Date:	10/05/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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 48 year old male, who sustained an industrial injury on October 15, 2002, incurring upper and lower back injuries. He was diagnosed with a lumbar sprain and a cervical sprain. Treatment included physical therapy, anti-inflammatory drugs, pain medications, steroid injections, neuropathic medications, muscle relaxants, proton pump inhibitor and topical analgesic cream. He underwent surgical lumbar spine fusion and artificial disc placement. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities including lumbar trunk rigidity, decreased range of motion and diminished reflexes in the lower extremities. He noted chronic muscle spasms interfering with his ability to function with activities of daily living. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. All documented components are appropriate. There is documentation of improvement in pain and documentation of ability to perform basic ADLs with pain medications. There is documentation of prior failed weaning attempt. While there is no appropriate documentation of long-term opioid plan, patient is stable on this medication with no side effects. While MTUS guidelines generally do not recommend long-term opioid use, patient's underlying pain pathology will not acutely improve and patient has been stable on current meds for months. Continued use of Norco is recommended at this time.