

Case Number:	CM15-0145079		
Date Assigned:	08/06/2015	Date of Injury:	05/31/2013
Decision Date:	09/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old male, who sustained an industrial injury on 5-31-2013. He reported low back pain. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar spine spondylotic changes, lumbar spine spinal canal stenosis, lumbar spine annular tear, lumbar disc protrusion. Treatment to date has included medications, physical therapy, and off work. The request is for Norco. On 2-13-2015, he reported low back pain that was sharp and aggravated by sitting, standing, walking, and bending and radiates to the left leg. The provider noted there were no changes since the last visit. Testing revealed a positive Kemp's, and negative straight leg raise test. The treatment plan included: urine drug screening, Norco, and remaining off work. On 4-17-2015, he reported low back pain rated 7 out of 10, and his legs getting weak and more painful. The treatment plan included: continuing Norco and Neurontin, discontinuing Ibuprofen as it was not helping, physical therapy, Tramadol ER, Protonix, and remaining off work. On 5-29-2015, he reported 9-10 out of 10 low back pain with radiation to the buttocks. He gets relief from medication. The treatment plan included: Norco, Neurontin, topical creams, and Flector patch. He remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 47 year old male has complained of low back pain since date of injury 5/31/13. He has been treated with physical therapy and medications to include opioids for at least 2 months duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.