

Case Number:	CM15-0148882		
Date Assigned:	08/12/2015	Date of Injury:	10/29/2014
Decision Date:	09/22/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/31/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old female, who sustained an industrial injury on October 29, 2014 while working as a behavioral aid. The injury occurred while the injured worker was assisting a resisting client into a van. The injured worker experienced a pulling sensation in her back. The diagnoses have included lumbar strain with right lower extremity radiculopathy and probable disc herniation and left elbow sprain-strain. Treatment and evaluation to date has included medications, radiological studies, MRI and physical therapy. Current medications included Tramadol, Naproxen, Omeprazole and Cyclobenzaprine. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 3, 2015 notes that the injured worker reported low back pain radiating to the right foot with associated numbness and tingling. The injured worker also noted pain in the right elbow radiating to the small finger with numbness and tingling. Other subjective complaints included stomach pain with taking medications, poor memory, poor concentration, poor sleep, crying spells and depression. The injured worker also noted getting anxious and nervous at times. Examination of the lumbar spine revealed tenderness and severe loss of range of motion. A straight leg raise test was positive on the right. Examination of the left elbow revealed medial and lateral epicondyle tenderness with a decreased range of motion. A Tinel's sign was positive. The treating physician's plan of care included a request for Norco 10-325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91, 124.

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

Decision rationale: Norco 10/325mg #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.