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| Case Number: | CM15-0160963 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 10/27/2001 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male, who sustained an industrial injury on October 27, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar five to sacral disc disease with a grade I spondylolisthesis, disc bulge, lumbar four to five disc desiccation with annular tear, lumbar facet syndrome, multiple sclerosis with optic neuritis, legal blindness, and depression. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated August 04, 2015 the treating physician reports complaints of ongoing back pain. The injured worker's medication regimen included Butrans Patches, Norco, Flexeril, and Pamelor. The injured worker's pain level was rated a 10 out of 10 noting that he ran out of his Butrans Patches the day prior to this examination. The injured worker rated his pain a 5 out of 10 with the use of the Butrans Patch and Norco. The treating physician also noted that use of use of the injured worker's medication regimen decreases the injured worker's pain level by 50% allowing him to take care of himself, along with noting the he will be starting a new job. The treating physician requested Norco 10-325mg with a quantity of 210 noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #210: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Norco is medically necessary.