

Case Number:	CM15-0162555		
Date Assigned:	08/28/2015	Date of Injury:	10/13/1999
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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 60 year old male who sustained an industrial injury on 10-13-99. Diagnoses are lumbar disc injury, lumbar facet arthralgia, and sciatica. In a follow up evaluation report dated 2-25-15, the physician notes Norco was taken 3 times a day in attempts to wean him off yet provide sufficient relief. Tylenol #3 was dispensed and the goal is to replace Norco with Tylenol #3. A drug contract is signed. He remains at full work duty and he has been declared permanent and stationary. Previous treatment includes Flexeril, Lidoderm patch, Celebrex, Vicodin, Butrans, L4-L5 laminectomy-1999, L3-L4 microdiscectomy -2003, physical therapy, aquatic therapy, acupuncture, and epidural injections. He has an allergy to anti-inflammatories resulting in hives. The injured worker notes that Norco is the only medication that provides relief and allows him to keep working and without it he cannot carry on with his job full time and avoid a fusion. In a follow up evaluation report dated 7-20-15, the treating physician notes complaint of low back pain rated as a 7 out of 10 without medication and 0 out of 10 with medication. He uses the Vicodin without any somnolence or constipation and notes that at work, he is frequently sitting, standing, and walking which is tolerated well with his medications. He is to continue the home exercise program. He will continue with Norco 10mg three times a day. He has a history of drug compliance that has been noted with urine toxicology. The requested treatment is Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested Norco 10/325mg #90 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has low back pain rated as a 7 out of 10 without medication and 0 out of 10 with medication. He uses the Vicodin without any somnolence or constipation and notes that at work, he is frequently sitting, standing, and walking which is tolerated well with his medications. He is to continue the home exercise program. He will continue with Norco 10mg three times a day. He has a history of drug compliance that has been noted with urine toxicology. The treating physician has documented functional stability with opiate surveillance measures with this low opiate load narcotic. The criteria noted above having been met, Norco 10/325mg #90 is medically necessary.