

Case Number:	CM15-0164235		
Date Assigned:	09/01/2015	Date of Injury:	05/17/1999
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old male sustained an industrial injury to the back on 5-17-99. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 10-15-14, the injured worker complained of pain to the low back rated 4 out of 10 on the visual analog scale. The injured worker worked full time and was independent with self-care and activities of daily living. The physician noted that the injured worker had been given prescriptions for Zohydro (the long acting form of Norco) in the past but had trouble filling it because his pharmacy did not carry the medication. The treatment plan included prescriptions for Zohydro, Tizanidine, Meloxicam. In a progress note dated 7-29-15, the injured worker complained of ongoing low back pain rated 4 out of 10 on the visual analog scale. The injured worker was maintained on a regular dose of Norco two tablets four times per day to take care of low back and bilateral leg pain. The injured worker continued to be independent with activities of daily living and worked 34 hours per week. The injured worker reported a history of constipation, sexual problems and diarrhea. Physical exam was remarkable for lumbar spine with good range of motion except for restricted flexion and extension. Current diagnoses included lumbago, lumbar myofascial pain, failed back syndrome, opioid dependence, anxiety, depression and insomnia. Continuing medications (Norco, Tizanidine and Meloxicam) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The patient has been on opiates with improvement in pain and function. There is documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no drug contract documented. There are no clear plans for future weaning, or goal of care. A urine drug screen from 4/2015 was positive for cannabinoids which may reflect aberrant drug-related behavior. Because of these reasons, the request for Norco is not medically necessary.