

Case Number:	CM15-0181511		
Date Assigned:	09/30/2015	Date of Injury:	02/22/2010
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male who sustained an industrial injury 02-22-10. A review of the medical records reveals the injured worker is undergoing treatment for cervical spondylosis, lumbar region unspecified disc disorder, and postsurgical status. Medical records (08-18-15) reveal the injured worker complains of pain in the cervical and lumbar spines, which is not rated. The physical exam (08-18-15) reveals tenderness in the cervical and lumbar spines and loss of motion, with "Neuro unchanged." Prior treatment includes medications, activity modification, and surgery. The original utilization review (09-10-15) non-certified the request for Norco 10/325 #120. Cervical surgery has been recommended, not authorized. The documentation supports that the injured worker has been on Norco since at least 04-01-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse &

addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There is no documentation of a clear pain assessment. There is no documentation that Norco has increased function. None of these aspects of prescribing are in evidence. Without this information, the request for continued Norco is not medically necessary.