

Case Number:	CM15-0182273		
Date Assigned:	09/23/2015	Date of Injury:	10/01/2011
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 43 year old male, who sustained an industrial injury on 10-01-2011. The injured workers diagnoses included: tension headache, pain in joint shoulder-bilaterally status post left shoulder arthroscopy x2, post laminectomy lumbar syndrome-status post L4-S1 fusion and neck pain. On medical records dated 08-04-2015, subjective complaints were noted as neck, low back and left shoulder pain. Pain level without medication is a 7 out of 10 and with medication a 3 out of 10. The injured worker was noted to sit and walk for longer periods of time and perform activities of daily living with use medication. Objective findings were noted as having an antalgic gait, otherwise no abnormal finding were noted. The injured worker was noted to be able to work with restrictions. Treatment to date included physical therapy, surgical intervention and medication. Current medication was listed as Norco, Clonidine, Famotidine, Metformin, Metoprolol, Mycophenolate, Nifedipine, Pravastatin, Prednisolone and Tacrolimus. The injured worker has been prescribed Norco since at least 06-24-2015. The Utilization Review (UR) was dated 08-18-2015. A Request for Authorization was dated 08-11-2015 requested Norco 10-325mg #60. The UR submitted for this medical review indicated that the request for Norco 10/325 mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, functional support/improvements due to opioid use and the lack of drug related aberrant behaviors. These Guideline criteria are met for this individual. The individual is close to 50% improvement with limited use and functional support is adequately documented. There is no evidence of misuse. Under these circumstances, the Norco 10/325 mg, sixty count is supported by Guidelines and is medically necessary.