MAXIMUS Federal Services

Case Number:	CM15-0184036		
Date Assigned:	09/24/2015	Date of Injury:	09/20/2011
Decision Date:	10/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 9-20-11. The injured worker is undergoing treatment for: low back pain, neck pain, bilateral shoulder pain with right greater than left, bilateral knee pain with left greater than right. On 6-30-15, she rated her low back pain 5-6 out of 10 with medications and 10 out of 10 without medications. There is notation of the last urine drug screen being consistent and no aberrant behaviors. On 8-25-15, she reported low back and neck pain with radiation into the right lower extremity. She takes up to 2 Norco per day and Robaxin 750 mg once a day when she gets home from work. Physical findings revealed full range of motion with pain noted on axial extension, ambulation with a cane, tenderness in the low back. On 9-22-15, she reported low back pain flare up after stepping wrong. She indicated having "excruciating pain" and difficulty moving for the last 24 hours. She also reported radiation into the right lower extremity that was unchanged from her last visit. She reported taking Norco up to 2 tablets as needed per day and Robaxin for muscle spasms. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (10-19-12), single point cane, magnetic resonance imaging of the cervical spine (12-22-11) urine drug screen (11-5-2014) reported as consistent, several physical therapy sessions. Medications have included: Norco 10-325mg one tablet every 8-12 hours as needed; Robaxin, Biofreeze gel, Voltaren gel. The records indicate she has been utilizing Norco since at least September 2014, possibly longer. She is reported as having allergy to Elavil, Cymbalta and Lyrica. Current work status: modified. The request for authorization is for: Norco 10-325mg

quantity 75. The UR dated 9-14-15: non-certified Norco 10-325mg quantity 75; however, fill allowed while weaning is established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75 (9/1/15): 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 when there is meaningful pain relief, support of function (best evidenced by return to work) and the absence of drug related aberrant behaviors. This individual meets these Guideline criteria. There is up to 50% improvement in pain levels and its limited use is documented to help maintain current work levels. Aberrant drug behaviors are screened for and there is no evidence for that it is problematic. Under these circumstances, the Norco 10/325mg #75 (9/1/15) is consistent with Guidelines and is medically necessary.