

Case Number:	CM15-0184088		
Date Assigned:	09/24/2015	Date of Injury:	04/01/2009
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
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 55 year old male, who sustained an industrial injury on 4-1-09. The injured worker was diagnosed as having chronic pain, cervical disc degeneration, cervical facet arthropathy, cervical failed back surgery syndrome, cervical radiculopathy, status post cervical spinal fusion in 2012. Treatment to date has included anterior cervical discectomy and fusion in 2012, physical therapy, injections to the cervical spine, and medication. The injured worker had been taking Norco since at least February 2015. On 6-8-15 and 7-20-15 pain was rated as 9 of 10 with medication and 10 of 10 without medication. The treating physician noted "the injured worker reported ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep, and sex. Currently, the injured worker complains of neck pain with radiation down bilateral upper extremities and low back pain with radiation to bilateral lower extremities. On 8-17-15 the treating physician requested authorization for Norco 10-325mg #60. On 8-26-15 the request was non-certified; the utilization review physician noted "this medication was previously reviewed and recommended modified the quantity from 60 to 30 to allow weaning."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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, Functional improvement measures.

Decision rationale: MTUS Guidelines have very specific criteria to justify the long term use of opioid medications. These criteria include meaningful pain relief, support of functioning and a lack of drug related aberrant behaviors. This individual meets these criteria. A meaningful improvement in pain relief is clearly documented, improvement in functioning is adequately documented and there are no drug related aberrant behaviors. The dosing is fairly limited and under these circumstances, the documentation is adequate to be compliant with Guidelines. The Norco 10/325mg. #60 is medically necessary.