

Case Number:	CM15-0184496		
Date Assigned:	09/25/2015	Date of Injury:	11/05/1999
Decision Date:	11/02/2015	UR Denial Date:	08/19/2015
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: 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:

This injured worker is a 63 year old female, who sustained an industrial injury on 11-05-1999. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, degenerative of lumbar or lumbosacral intervertebral disc, sciatica, headache, post laminectomy syndrome of lumbar region, disturbance of skin sensation and degenerative of cervical intervertebral disc. On medical records dated 07-28-2015, subjective complaints were noted as low back pain that radiates to bilateral lower extremities, described as constant dull, aching and rated at 6-7 on a scaled from 1 to 10. Neck pain that radiates to shoulders and right knee pain. Objective findings were noted as low back range of motion was limited in all directions. Limited range of motion was noted in the neck. The injured worker was noted to be working part-time as a rental agent. On 08-11-2015, the injured workers pain was noted as decreased in the lower back with no pain scale noted. Treatment to date included functional restoration program, medication and steroid injections. Current medication was listed as Norco, Topamax and Zomig. The injured worker was noted to be taking Norco at least since 01-2014. The Utilization Review (UR) was dated 08-19-2015. A request for Norco 10-325mg #60 was submitted. The UR submitted for this medical review indicated that the request for Norco 10-325mg #60 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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: The request for Norco 10/325mg #60 is not medically necessary per the MTUS Guidelines as written. The MTUS supports continued opioids with evidence of increased function and improved pain. The documentation indicates that the patient is working on a part time basis. The documentation states that the patient has improved endurance, strength, ability to perform activities of daily living. Although there is documentation of functional improvement the documentation states that the patient does not use Norco daily. Therefore, this request for a quantity of #60 is not medically necessary.