

Case Number:	CM15-0186467		
Date Assigned:	09/28/2015	Date of Injury:	07/30/2003
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 is a 60 year old male with a date of injury on 7-30-03. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and lower back pain. According to the medical records, he has been taking norco at least since April 2014. Progress report dated 8-26-15 reports continued complaints of chronic neck and low back pain due to spinal stenosis found on MRI. The low back pain radiates down the bilateral extremities with numbness and tingling, the left side worse than the right. He reports Avinza 90 mg per day and norco 10-325 mg provide him with 60% reduction in pain. Previous physical exam revealed limited lumbar range of motion with pain, guarding and spasm. Work status: permanent and stationary. Request for authorization was made for norco 10-325 mg quantity 30 and norco 10-325 mg quantity 30 do not fill until 10-9-15. Utilization review dated 9-18-15 modified the first request from quantity 30 to quantity 17 between 9-10-15 and 10-31-15 and non-certified the second request for norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30: 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: The request for continued Norco use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function with activities of daily living, exercise, and improved sleep. His urine drug screens were appropriate. And he did not have an adverse side effects to the medication. The patient's symptoms were stable on Norco. It is reasonable and medically necessary to remain on Norco at this time.

Norco 10/325mg, #30 Do not fill until 10/9/15: 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: The request for continued Norco use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function with activities of daily living, exercise, and improved sleep. His urine drug screens were appropriate. And he did not have an adverse side effects to the medication. The patient's symptoms were stable on Norco. It is reasonable and medically necessary to remain on Norco at this time.