

Case Number:	CM15-0187484		
Date Assigned:	09/29/2015	Date of Injury:	12/09/1998
Decision Date:	11/09/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/23/2015

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: Emergency 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 49 year old male, who sustained an industrial injury on 12-9-1998. Medical records indicate the worker is undergoing treatment for lumbar radiculitis and lumbar disc herniation. A recent progress report dated 7-16-2015, reported the injured worker complained of back pain, muscle spasm and myalgia rated 6 out of 10. Physical examination revealed restricted lumbar range of motion, paravertebral hyper tonicity, spasm, tenderness and tight muscle band. Treatment to date has included physical therapy and Norco (since at least 1-15-2015) with plans to try to transition the injured worker back to Ultram and wean him off Norco. On 7-16-2015, the Request for Authorization requested Norco 5-325mg #120 with 2 refills. On 9-3-2015, the Utilization Review noncertified the request for Norco 5-325mg #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 with 2 refills: 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 for chronic pain.

Decision rationale: The request for Norco 5/325mg #120 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain, muscle spasm and myalgia rated 6 out of 10. Physical examination revealed restricted lumbar range of motion, paravertebral hyper tonicity, spasm, tenderness and tight muscle band. Treatment to date has included physical therapy and Norco (since at least 1-15-2015) with plans to try to transition the injured worker back to Ultram and wean him off Norco. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #120 with 2 refills is not medically necessary.