

Case Number:	CM15-0190156		
Date Assigned:	10/02/2015	Date of Injury:	02/27/2007
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, Illinois

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 67 year old female, who sustained an industrial-work injury on 2-27-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated disc, lumbar radiculopathy, and lumbar radiculitis. Medical records dated (4-6-15 to 7-24-15) indicate that the injured worker complains of increased pain in the lumbar spine with numbness in the lower extremities and he states that he is forced to use a cane to provide extra support. He reports difficulty with activities of daily living (ADL) due to pain and difficulty sleeping due to pain. He also reports that the pain is aggravated by increased activities and that medications help relieve and manage the pain. The pain is rated 8 out of 10 on the pain scale and has been unchanged from previous visits. Per the treating physician report dated 7-24-15 work status is permanent and stationary. The physical exam dated from reveals decreased lumbar range of motion and positive straight leg raise bilaterally. There is tightness and spasm in the lumbar paraspinal musculature bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally. There is weakness with big toe dorsiflexion and big toe plantar flexion bilaterally. The physician indicates that medication has been renewed. Treatment to date has included pain medication, Norco since at least 4-6-15, diagnostics, off of work, epidural steroid injection (ESI) times 3 with temporary slight relief, physical therapy, home exercise program (HEP) and other modalities. The treating physician indicates that the urine drug test results dated 4-6-15 and 2-2-15 were consistent with the medication prescribed. The requested service included Norco 10-325 mg QTY 90.00. The

original Utilization review dated 8-25-15 modified the request for Norco 10-325 mg QTY 90.00 modified to Norco 10-325 mg QTY 60.00 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg QTY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 2-27-07. The medical records provided indicate the diagnosis of lumbar herniated disc, lumbar radiculopathy, and lumbar radiculitis. Treatments have included Norco. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg QTY 90.00; the request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using the medication without overall improvement. The injured worker is not properly monitored for pain control, adverse effects and aberrant behavior.