

Case Number:	CM15-0191652		
Date Assigned:	10/05/2015	Date of Injury:	07/19/2014
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 33 year old male who sustained an industrial injury on July 19, 2014. A pain institute follow up visit dated August 26, 2015 reported subjective complaint of "decreased symptoms of fear of people, nervousness and continued report agoraphobia." The following diagnoses were applied to the visit: severe major depression, single episode; generalized anxiety disorder; panic disorder with agoraphobia. An acupuncture follow up visit dated June 18, 2015 reported current medication consisted of: Flexeril, Omeprazole, Tylenol EX, and Norco. He reports "tired of having so much pain." Previous and or current treatment modality included: activity modification, medication, acupuncture care, cognitive behavioral therapy, and physical therapy session. The following diagnoses were applied: lumbago, thoracic or lumbosacral neuritis radiculitis, not otherwise specified, and sleep disturbance. In July 2015 he underwent a functional restoration program. On September 04, 2015 a request was made for Norco 10mg 325mg #90 that was noncertified by Utilization Review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam notes provided. The request is not supported by the cited guidelines and therefore is not medically necessary.