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| Case Number: | CM15-0196414 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 06/30/2003 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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, North Carolina
 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:

The injured worker is a 56 year old female, who sustained an industrial injury on June 30, 2003, incurring low back injuries. The injured worker had a history of lower back injuries in 1985, 1989 and 1992. She was diagnosed with lumbar degenerative disc disease, lumbar stenosis, lumbar radiculopathy, and spondylosis. She underwent a lumbar laminectomy and discectomy and lumbar fusion on July 13, 2004. Treatment included diagnostic imaging, physical therapy for six months, spinal cord stimulator, epidural steroid injection, pain management, muscle relaxants, pain medications, and activity restrictions. Currently, the injured worker complained of soreness, aching and sharp low back pain radiating to the right and left legs with numbness. The pain was increased by bending, sitting, and standing, walking and climbing. The pain was only partially relieved with rest and reported only some improvement with the prior surgery. She noted difficulty with activities of self-care, personal hygiene, driving and climbing stairs. The treatment plan that was requested for authorization included a prescription for Norco 20/325 mg #240. On October 1, 2015, a request for a prescription for Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #240: Upheld

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

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

Decision rationale: In this case, the patient has chronic neck and low back pain secondary to an industrial injury in 2003. Objective findings include cervical tenderness to palpation. The request is for Norco 10/325 #240 with instructions to "remain off work." Norco is recommended for moderate to moderately severe pain. Ongoing use of opioids such as Norco is supported by the CA MTUS in cases where there is documented significant pain relief, functional improvement and return to work. In this case, these guidelines have not been met. The patient has been taking Norco since at least 2012. The patient has previously been denied the request for ongoing opioids and weaning has been recommended. An adequate amount of time has elapsed for weaning purpose. Therefore the request is not medically necessary or appropriate.