

Case Number:	CM15-0196427		
Date Assigned:	10/12/2015	Date of Injury:	08/30/2002
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
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:

This is a 55 year old male who sustained a work-related injury on 8-30-02. Medical record documentation on 8-25-15 revealed the injured worker was being treated for status post multiple back surgeries and chronic residual pain. He reported continued low back pain which he rated a 10 on a 10-point scale without medications. His pain reduced to 5 on a 10-point scale with medications and he had increased level of function. His pain rating remained unchanged since 6-30-15. He was able to perform household chores, clean, sit, walk and shop with medications. His medications included Norco (since at least 6-30-15) which he had been trying to wean off of. Objective findings included painful and limited lumbar spine range of motion. He had positive Lasegue's bilaterally and positive bilateral straight leg raise. His motor strength was 4-5 bilaterally and he had decreased sensation at L4-S1 with pain noted bilaterally at L4-S1. Previous treatment included home exercise program, TENS unit and medications. A request for Norco 10-325 mg #120 was received on 9-22-15. On 9-29-15, the Utilization Review physician modified Norco 10-325 mg #120 to #60.

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 120: 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: CA MTUS Guidelines recommend the use of opioids like Norco at the lowest dose for the shortest period of time. If long-term use is indicated, pain relief and functional improvement must be documented. In addition, the 4 A's (analgesia, appropriate medication use, adverse events and aberrant behavior) must be documented. In this case, the 4 A's have not been adequately documented. Two previous requests for Norco have resulted in recommendations for weaning. At this point, the claimant has had adequate time to be weaned off the Norco, so the request is not medically necessary or appropriate.