

Case Number:	CM15-0197117		
Date Assigned:	10/12/2015	Date of Injury:	05/14/2012
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/07/2015

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 55 year old female, who sustained an industrial injury on 5-14-2012. The injured worker is undergoing treatment for chronic low back pain, lumbar disc disease with annular tear at L3-4 and L4-5, right L5 radiculopathy, chronic neck pain, possible myofascial pain syndrome with normal cervical spine, and bilateral chronic sacroiliac joint pain. On 7-14-15, she reported pain to the right shoulder blade, and right knee rated 5 out of 10 with pain medication. She indicated she had numbness in the right 5th toe. On 8-25-15, she reported pain to low back with radiation to the right leg, and burning pain in her left buttock. She also reported neck stiffness. She rated her pain 6-7 out of 10 without medications and 4 out of 10 with medications. Her pain is reported as aggravated by sitting, standing and walking and helped by pain medication. There is no discussion of current functional status, or 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. There is no discussion of aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included: medications, at least 12 physical therapy sessions, x-rays, CT scan of the head and neck and emergency room treatment (5-14-12), lumbar epidural steroid injection (9-23-14), magnetic resonance imaging of the lumbar spine (6-27-14), New Balance shoes, and multiple sessions of acupuncture. Medications have included naproxen, Norco. The records indicate she has been utilizing Norco since at least February 2015, possibly longer. Current work status: permanent and stationary with permanent work restrictions. The request for authorization is for: Norco 10-325mg quantity 90, zero refills, for the management of symptoms related to lumbar spine, as an

outpatient. The UR dated 9-2-2015: non-certified the request for Norco 10-325mg quantity 90, zero refills, for the management of symptoms related to lumbar spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 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: The requested Norco 10/325mg Qty: 90 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 pain to low back with radiation to the right leg, and burning pain in her left buttock. She also reported neck stiffness. She rated her pain 6-7 out of 10 without medications and 4 out of 10 with medications. Her pain is reported as aggravated by sitting, standing and walking and helped by pain medication. There is no discussion of current functional status, or 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. There is no discussion of aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included medications, at least 12 physical therapy sessions, x-rays, CT scan of the head and neck and emergency room treatment (5-14-12), lumbar epidural steroid injection (9-23-14), magnetic resonance imaging of the lumbar spine (6-27-14), New Balance shoes, and multiple sessions of acupuncture. Medications have included naproxen, Norco. The records indicate she has been utilizing Norco since at least February 2015, possibly longer. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living, 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 10/325mg Qty: 90 is not medically necessary.