MAXIMUS Federal Services

Case Number:	CM15-0197493		
Date Assigned:	10/13/2015	Date of Injury:	05/28/2012
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 74 year old male, who sustained an industrial injury on 05-28-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for closed rib fractures, fractured scapula, rotator cuff sprain, and a lumbar compression fracture. Medical records (03-17-2015 to 09-14-2015) indicate ongoing low back pain and lower extremity pain. Pain levels were 2-8 out of 10 on a visual analog scale (VAS) which had increased to 5-9 out of 10 on 09-14-2015. Per the treating physician's progress report (PR), the IW has not returned to work as he is permanently disabled. The physical exam, dated 09-14-2015, revealed tenderness to palpation over the bilateral low back areas, both legs and both feet, and increased weakness. Relevant treatments have included: epidural steroid injections with noted benefit, physical therapy (PT), work restrictions, and pain medications (Norco since at least 03-2015). The treating physician indicates that the IW's medications were recently decreased by 50%, which has resulted in withdrawal symptoms, increased pain, and decreased activity levels and level of functioning. A current CURES report and consistent urine drug screenings were also noted. The request for authorization (09-14-2015) shows that the following medication was requested: Norco 10-325mg #120. The original utilization review (09-24-2015) partially approved the request for Norco 10-325mg #120 (modified to #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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, criteria for use.

Decision rationale: This 74 year old male has complained of low back pain, rib pain and shoulder pain since date of injury 5/28/2012. He has been treated with epidural steroid injection, physical therapy and medications to include opioids since at least 03/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.