

Case Number:	CM15-0198395		
Date Assigned:	10/13/2015	Date of Injury:	03/15/2012
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial-work injury on 3-15-12. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar strain-sprain, myofascial pain, and sleep disturbance. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of pain in the low back rated 8 out of 10 due to lack of medication for pain. He also had gastric upset and heartburn with black stool. Use of topical cream and Norco was increased due to not having Lidoderm patches. Per the primary physician's progress report (PR-2) on 9-23-15, exam noted tenderness to the lumbar spine, decreased range of motion, used a straight cane for ambulation, reduced hemoglobin level from 2-14-15. Current plan of care includes physical therapy, acupuncture, and Toradol injection and medication. The Request for Authorization requested service to include Norco 7.5/325mg #30 for 30 days. The Utilization Review on 10-1-15 denied the request for Norco 7.5/325mg #30 for 30 days, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #30 for 30 days: 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): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific recommended standards to justify the long-term use of opioid medications. These standards include detailed documentation of the amount and length of pain relief due to opioid use. The Guideline standards also include the necessity to provide reasonable objective detailing of functional improvements due to use of opioids. The prescribing physician has not met these standards to justify long-term use of opioid medications. Some pain relief is reported, but there is inadequate to no details of how much or how long the pain relief lasts. In addition, there is no objective details documented regarding the functional benefits from opioid use. Under these circumstances, the Norco 7.5/325mg #30 for 30 days is not supported by Guidelines and is not medically necessary.