

Case Number:	CM15-0198937		
Date Assigned:	10/14/2015	Date of Injury:	11/01/2011
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old female, who sustained an industrial injury on 11-1-2011. A review of the medical records indicates that the injured worker is undergoing treatment for hypertension, asthma, pure hypercholesterolemia, reflux esophagitis, left sacroiliac sprain, lumbago status post left L4-L5 laminectomy-foraminotomy-microdiscectomy 6-1-2015, chronic pain syndrome, lumbosacral neuritis, and left piriformis muscle spasm. On 9-9-2015, the injured worker reported left low back pain with radiation to the posterior leg rated 4-5 out of 10, rated 5-6 out of 10 at the 7-14-2015 visit. The Primary Treating Physician's report dated 9-9-2015, noted the injured worker's medications had been helping but Norco was causing insomnia, only taking the Norco sparingly, prescribed since at least 6-16-2015. The injured worker's current medications were noted to provide temporary relief, able to perform activities of daily living (ADLs). The injured worker's current medications were noted to include Norco, Gabapentin, Pantoprazole Sodium, Losartan Potassium, Temazepam, Benzonatate, Sertraline, Montelukast Sodium, Gemfibrozil, and inhaler/nebulizer. The physical examination was noted to show the injured worker with a mild antalgic gait with a right ankle brace in place, and decreased left hip rotation and abduction due to pain. Tenderness was noted in the SI joint, lumbosacral spine and paraspinals with mild paralumbar muscle tightness. Urine drug testing done 6-13-2013 was noted to reveal appropriate results. The treatment plan was noted to include decreased Norco from 7.5mg-325mg one three times a day to 5mg-325mg one to two times a day as needed due to the injured worker's report of insomnia from the Norco. The request for authorization was noted to

have requested Norco 5mg-325mg #90. The Utilization Review (UR) dated 9-28-2015, non-certified the request for Norco 5mg-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg/325mg #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: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. Therefore, the request is not medically necessary.