

Case Number:	CM15-0199047		
Date Assigned:	10/14/2015	Date of Injury:	11/06/2009
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on November 6, 2009, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease, lumbar spinal stenosis, and lumbar radiculopathy. Treatment included pain medications, topical analgesic cream, antidepressant, and surgical lumbar fusion and activity restrictions. Currently, the injured worker complained of intractable low back pain. She had a good response to a trial of a spinal cord stimulator and had one permanently implanted for better management of her pain symptoms. Currently, she rated her pain 4 to 5 on a scale of 0 to 10. She was noted to have persistent lumbar tenderness and lumbar radiculopathy interfering with the injured worker's activities of daily living. She was diagnosed with chronic pain syndrome. The treatment plan that was requested for authorization on October 9, 2015, included a prescription for Norco 5-325 mg #120. On September 24, 2015, a request for a prescription for Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Norco 5/325 mg #120 is not medically necessary. is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.