

Case Number:	CM15-0199100		
Date Assigned:	11/06/2015	Date of Injury:	08/03/1998
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
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: 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 46 year old female, who sustained an industrial injury on 8-3-1998. Diagnoses include lumbar discopathy with disc displacement, cervical sprain-strain, lumbar radiculopathy, and sacroiliac arthropathy. Treatments to date include medication therapy and modified activity. The records documented ongoing complaints of pain in the low back and right sacroiliac joint. Medications provided since at least 5-27-15, included Norco and Paxil. On 9-8-15, the physical examination documented cervical tenderness and decreased range of motion. The lumbar spine was noted tender over bilateral sacroiliac joints. The Fabere-Patrick's tests and straight leg raise tests were positive bilaterally. The urine drug screen obtained 9-8-15, was appropriate. The plan of care included a prescription for Norco 10-325mg, one tablet four times daily #120. The appeal requested authorization for Norco 10-325mg tablets #120. The Utilization Review dated 10-6-15, denied the request.

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 for chronic pain, Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: The requested Norco 10/325mg #120 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 in the low back and right sacroiliac joint. Medications provided since at least 5-27-15, included Norco and Paxil. On 9-8-15, the physical examination documented cervical tenderness and decreased range of motion. The lumbar spine was noted tender over bilateral sacroiliac joints. The Fabere-Patrick's tests and straight leg raise tests were positive bilaterally. The urine drug screen obtained 9-8-15, was appropriate. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.