

Case Number:	CM15-0200460		
Date Assigned:	10/15/2015	Date of Injury:	11/14/2001
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female who sustained an industrial injury on 11-14-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbosacral neuritis, disorders of sacrum and enthesopathy of hip. Per the progress report dated 5-20-2015, the injured worker complained of low back and leg pain. She also complained of knee pain. She rated her pain 8 out of 10 with medications and 10 out of 10 without medications. According to the submitted progress report (9-9-2015), the injured worker was seen for medication reassessment. She complained of sharp, constant low back pain rated 5 with medications and 8 without medications. She was noted to be stable on current medication and denied side effects. The physician noted that the injured worker did not exhibit any aberrant behavior. Per the treating physician (5-20-2015), the injured worker was permanently disabled. The physical exam (5-20-2015) revealed tenderness at the left sacroiliac joint and the greater trochanter. Objective findings (9-9-2015) revealed the injured worker to be healthy appearing and in no acute distress. Treatment has included left sacroiliac joint injection and medications. Current medications (9-9-2015) included Cymbalta, Duragesic patches and Norco (since at least 4-2015). The May 2015 progress report also listed Gabapentin, Ambien, Prozac, Atarax and Xanax. The request for authorization was dated 9-9-2015. The original Utilization Review (UR) (9-24-2015) modified a request for Norco from #240 to #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: 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, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does document response of pain to medication and documents functional improvement. However, the total opioid dosing far exceeds 120 MED and weaning has been recommended. The original Ur decision approved a reduce number (#200 vs. the request #240) to allow for weaning. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco #240. The request is not medically necessary.