

Case Number:	CM15-0202355		
Date Assigned:	10/19/2015	Date of Injury:	05/03/2005
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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
 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 5-3-2005. The injured worker is undergoing treatment for: lumbar strain with myofascial pain, lumbar disc protrusion, desiccation and bulging. On 7-13-15 and 9-14-15, he reported low back pain with intermittent radiation into the lower extremities. He indicated activities such as housework increased his pain. Physical examination revealed tenderness in the low back, antalgic gait, and negative facet maneuver with range of motion and trigger points with minimal spasms. He is reported to be trying to lose weight. Norco and Voltaren gel were reported as "helpful". The records are unclear if there is pain reduction with Norco. There is no discussion of aberrant behaviors, or adverse side effects. The treatment and diagnostic testing to date has included: medications, weight loss, and home exercise program. Medications have included: Norco, Voltaren gel. The records indicate he has been utilizing Norco since at least October 2014, possibly longer. Current work status: unclear. The request for authorization is for: Norco 10-325mg quantity 90. The UR dated 9-24-2015: modified certification of Norco 10-325mg quantity 68.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.