

Case Number:	CM15-0204449		
Date Assigned:	10/21/2015	Date of Injury:	04/01/2011
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 42 year old male who sustained an industrial injury on April 1, 2011. Medical records indicated that the injured worker was treated for left back and hip pain. His medical diagnoses include lumbar degenerative disc disease. In the provider notes dated from August 19, 2015 the injured worker complained of mild, intermittent left back, hip and leg pain. The documentation states that he described the back to leg pain ratio as "20% back pain and 80% leg pain." The provider notes dated September 30, 2015 described the back to leg pain ratio as 0% back pain and 100% leg pain and left hip pain only when active. He states that he has less pain and his symptoms are better. He has occasional pain and stiffness and takes Norco for pain and has been successfully weaning off Norco. On exam, the documentation stated the physical exam was "pretty normal" with a normal gait examination. He has flexion of 70 to 90 degrees and has stiffness at the end of range of motion but no significant pain. He is neurologically intact. He does not attend physical therapy. He is working full time with no restrictions. The treatment plan is for refill of medications. Previous treatment included medications and bilateral lumbar 5 to sacral 1 spinal injection. A Request for Authorization was submitted for Norco 10 325 #30 with refill. The Utilization Review dated October 9, 2015 denied the request for Norco 10 325 #30 with refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30-Refill: 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: 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.