

Case Number:	CM15-0204975		
Date Assigned:	10/21/2015	Date of Injury:	11/04/2008
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35 year old male, who sustained an industrial injury on 11-4-2008. The injured worker is undergoing treatment for: lumbalgia, lumbar degenerative disc disease, facet joint arthritis, shoulder joint pain. On 8-3-15, he reported low back pain rated 4 out of 10. He indicated he has been driving up to 200 miles per day. He requested an increase in Vicoprofen stating it was not lasting 12 hours. On 9-3-15, he reported continued low back and lower extremity pain which he rated 5 out of 10. He indicated he is able to manage his pain with his current medications which allow him to work full time. He denied sedation with medications. Objective findings revealed tenderness and spasms in the lumbar area with noted stiffness with range of motion, and normal sensory. There is no discussion of aberrant behaviors. There is no discussion of pain reduction with the use of Norco. The treatment and diagnostic testing to date has included: right shoulder surgery (January 2009), medications, multiple physical therapy sessions, right shoulder and lumbar spine x-rays (11-19-10), MRI of the lumbar spine (11-14-13), lumbar epidural steroid injection (1-4-13), home exercise program. Medications have included: Norco, Omeprazole, over the counter Tylenol. The records indicated he has been utilizing Norco since at least November 2010, possibly longer. Current work status: modified. The request for authorization is for: Norco 10-325mg quantity 120. The UR dated 9-29-2015: non-certified the request for Norco 10-325mg quantity 120.

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, specific drug list, Weaning of Medications.

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

Decision rationale: This 35 year old male has complained of lumbar spine pain and shoulder pain since date of injury 11/4/2008. He has been treated with surgery, physical therapy, epidural steroid injections and medications to include opioids since at least 11/2010. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.