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| Case Number: | CM15-0206806 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 12/30/2013 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: Florida

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 36 year old female who sustained an industrial injury on 12-30-13. A review of the medical records indicates she is undergoing treatment for low back pain, myofascial pain, right leg pain, numbness, and lumbar facet syndrome. Medical records (5-27-15, 6-24-15, 7-22-15, 8-19-15, and 9-16-15) indicate ongoing complaints of low back pain. On 5-27-15, she was noted to have decreased pain and felt that she no longer required her narcotic analgesics. She complained of "aching" pain on the left side of her low back. Her pain rating was "3 out of 10" without medications and "2 out of 10" with medications (6-24-15) until 7-22-15. She reported that she was driving 4 hours each way to visit and take care of a family member, who was in the hospital. She noted increased low back pain, rating it "4 out of 10" without medication and "2 out of 10" with medication. The pain continued to increase to a pain rating of "5 out of 10" without medications and "3 out of 10" with medications (8-19-15, 9-16-15). She noted that her family member had moved in with her and she was the primary care giver. She reports that her pain is "aching" across the low back, more on the right side (9-16-15). The physical exam (9-16-15) reveals tenderness in the mid and lower facets on the left lumbar spine. Range of motion is noted to be "full flexion". Decreased extension causing pain is noted. Strength is "5 out of 5". Straight leg raising test is negative. Diagnostic studies have included a urine drug screen on 7-29-15, showing consistency with Tramadol. Treatment has included medications of Cyclobenzaprine, Naproxen, Omeprazole, and Tramadol. She has been receiving Tramadol since, at least, 5-27-15. The utilization review (10-13-15) includes a request for authorization of Hydrocodone-Acetaminophen (Norco) 10-325mg #60. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen (Norco) 10/325mg #60: 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, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.