

Case Number:	CM15-0208087		
Date Assigned:	10/27/2015	Date of Injury:	03/21/2008
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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 53 year old female, who sustained an industrial injury on 3-21-2008. The injured worker was being treated for failed back surgery syndrome of the lumbar spine, depression, and anxiety. The injured worker (5-5-2015) reported ongoing low back and right knee pain. The injured worker (8-18-2015, 8-19-2015, and 9-18-2015) reported ongoing low back pain. She reported (9-18-2015) that she "still has some very hard days when the medication does not seem to work." Per the treating physician (8-19-2015, 9-18-2015 report), the urinalysis on 8-19-2015 was "consistent for prescribed medications without aberrancies." The treating physician noted the injured worker was tolerating her medications. The treating physician noted the injured worker walks one half mile twice a day, is independent in her activities of daily living, drives herself, and uses a cane. The medical records show the subjective pain rating was 4 out of 10 currently and usual interval pain of 4-5 out of 10 on 5-5-2015. The medical records show the subjective pain rating was 6 out of 10 currently and 4 out of 10 with activity on 8-18-2015 and 8-19-2015, and 3 out of 10 currently and 4 out of 10 with activity on 9-18-2015. The physical exam (5-5-2015) did not include a musculoskeletal assessment. The physical exam (8-18-2015, 8-19-2015, and 9-18-2015) revealed an independent, erect gait and ambulation with a pronged cane. Treatment has included aquatic therapy, steroid injections, and medications including pain (Norco since at least 8-2014) and non-steroidal anti-inflammatory. The requested treatments included Norco 5-325mg. On 9-28-2015, the original utilization review modified a request for Norco 5-325mg #45 (original request for #90) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #90: 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.

Decision rationale: This 53 year old female has complained of low back pain and right knee pain since date of injury 3/21/2008. She has been treated with physical therapy, steroid injections and medications to include opioids since at least 08/2014. 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 medically necessary.