

Case Number:	CM15-0021568		
Date Assigned:	02/11/2015	Date of Injury:	12/08/2013
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old woman sustained an industrial injury on 12/8/2013 to her back when she was struck by a moving set. Current diagnoses include lumbar sprain/strain and L4-L5 and L5-S1 disc protrusions. Treatment has included oral medications. Physician notes dated 3/10/2014 show low back pain that is worse and radiating down both legs. The worker states the Tylenol with Codeine is no longer working for her. She has not been able to see an orthopedist as the request was denied. Recommendations include Vicodin, orthopedic surgeon consultation, and an extension for her return to work date. On 1/14/2015, Utilization Review evaluated a prescription for Norco 10/325 mg, that was submitted on 2/4/2015. The UR physician noted there was no documentation found of maintained or increased level of function. However, weaning is recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 270 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg, 270 count is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Norco without significant functional improvement. The MTUS does not support opioids without specific functional goals, return to work, risk assessment profile and aberrant behavior monitoring. These recommendations are not found in the documentation submitted and therefore Norco is not medically necessary.