MAXIMUS Federal Services

Case Number:	CM15-0022667		
Date Assigned:	02/12/2015	Date of Injury:	05/02/2008
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, North Carolina, Virginia
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 47 year old female, who sustained a work related injury on 5/2/08. The diagnoses have included low back pain and lumbar disc disease with radiculopathy. Treatments to date have included oral medications. In the PR-2 dated 12/16/14, the injured worker complains of increased back pain due to activity. She states her legs ache. She has midline lumbosacral tenderness to palpation. She decreased range of motion in lower back. On 1/6/15, Utilization Review modified a prescription request for Norco 10/325mg., #180 to Norco 10/325mg., #150. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. An opioid agreement should be in place. In this instance, the submitted medical record reflects that the injured worker has good days and bad days. The record makes no mention of VAS scoring for pain or any mention of functionality as a consequence of the opioids like Norco. There is no mention of an opioid agreement. There is no mention of monitoring for aberrant drug taking behavior such as urine drug screening and/or pharmacy database surveillance. As a consequence, Norco 10/325mg #180 is not medically necessary.