

Case Number:	CM15-0023271		
Date Assigned:	02/12/2015	Date of Injury:	07/23/2007
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male who sustained an industrial injury on 07/23/2007. Current diagnoses include pain in thoracic spine and myofascial pain syndrome. Previous treatments included medication management, epidural steroid injections, trigger point injections, physical therapy, and chiropractic therapy. Report dated 01/19/2015 noted that the injured worker presented with complaints that included low back pain, muscle spasms. Current medication regimen includes Norco, omeprazole, and Tizanidine HCL. Physical examination was positive for abnormal findings. The physician noted that the 4 A's were reviewed and discussed, CURES activity report was reviewed and showed no activity on 01/19/2015, but report dated 10/27/2014 was inappropriate, and urine drug screen dated 06/30/2014 was positively consistent. Utilization review performed on 12/29/2014 non-certified a prescription for Norco, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, Effective July 18, 2009, Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325 mg # 100 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if; (a) There are no overall improvement in function, unless there are extenuating circumstances. (b) Continuing pain with evidence of intolerable adverse effects. (c) Decrease in functioning. (d) Resolution of pain. (e) If serious non-adherence is occurring. (f) The patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.