

Case Number:	CM15-0023524		
Date Assigned:	02/13/2015	Date of Injury:	01/26/2000
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male sustained a work related injury on 01/26/2000. According to a progress report dated 12/04/2014, the injured worker continued to have low back and leg pain. It was located at the left leg sciatica and was described as constant. Pain was rated 5 on a scale of 1-10 with medications. The injured worker continued to do regular work full time. Medications included Norco 10/325mg one tablet by mouth every four hours as needed for a total of 240 start on 12/04/20151 and end on 01/02/2014. Two prescriptions for #120 were given. Diagnosis included lumbago, low back pain. The provider noted that medications worked and that the injured worker had no side effects or aberrant behavior. On 01/02/2015 the injured worker was doing well and working full time. He was doing heavy work full time. Pain was rated 5 on a scale of 1-10 with medications. On 01/27/2015, Utilization Review non-certified one prescription of Norco 10/325mg #240. According to the Utilization Review physician, there was no evidence of functional improvement with the use of the medication. The injured worker still had decreased spinal ranges of motion, tenderness and moderate pain despite the use of opioids. It was recommended previously that the injured worker be weaned from this medication. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. One (1) prescription of Norco 10/325 #240 is not medically necessary.