

Case Number:	CM15-0024658		
Date Assigned:	02/18/2015	Date of Injury:	03/12/1997
Decision Date:	03/27/2015	UR Denial Date:	01/30/2015
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: 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 62 year old female, who sustained an industrial injury on March 12, 1997. The diagnoses have included acute exacerbation of low back pain and buttock pain, right foot pain, right low back pain with tenderness at the right sacroiliac joint, low back pain, post laminectomy syndrome, lumbar degenerative disk disease at L3-4, L4-5 and L5-S1, lower extremity radicular pain, status post implantation of dual-lead Medtronic spinal cord stimulator system with rechargeable generator, depression secondary to chronic pain and disability improving with Cymbalta, esophagitis, anemia and history of Hepatitis C with no viral loads status post treatment. Treatment to date has included spinal cord stimulator, physical therapy, oral pain medications, urine drug screening. Currently, the injured worker complains of pain extending down in the mid back. In a progress note dated January 15, 2015, the treating provider reports low back examination reveals significant tenderness of the lumbar paraspinal musculature with acute spasm on decreased range of motion secondary to the pain, straight leg raise positive, the cervical spine there is tightness through the lower thoracic up to the interscapular region causing tight tension into the cervical palpation in the suboccipital reproduces headaches. On January 29, 2015 Utilization Review non-certified a Norco tab 7.5/325mg quantity 60 with one month refill, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 7.5-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 62 year old female has complained of low back pain since date of injury 3/12/97. She has been treated with lumbar spine surgery, spinal cord stimulator, physical therapy and medications to include opioids since at least 07/2014. 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 indicated as medically necessary.