MAXIMUS Federal Services

Case Number:	CM15-0024953		
Date Assigned:	02/17/2015	Date of Injury:	03/22/2006
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: North Carolina, Georgia
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 was a 53 year old male, who sustained an industrial injury, December 2, 2009. According to progress note of the injured workers chief complaint was neck and back pain with bilateral leg numbness. The injured worker rated the back pain 5 out of 10 with pain medication and 7 out of 10 without pain medication, the neck pain was 5 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was diagnosed with anterior fusion with hardware at L4-L5 and L5-S1 ad posterior hardware at L5-S1 in 2008, moderate disc degeneration at L3-L4, bilateral L4 radiculopathy, L3-L4 adjacent segment degeneration, chronic intractable pain and erectile dysfunction. The injured worker previously received the following treatments MRI of June 6, 2014 showed low back and stomach surgery, anterior fusion with hardware at L4-L5 and L5-S1 ad posterior hardware at L5-S1, appears to be some moderate L3 foraminal narrowing bilaterally secondary to broad based disc bulge at L3-L4 and moderate facet arthropathy L3-L4, random toxicology laboratory studies, pain medication and anti-inflammatory medications. January 20, 2015, the primary treating physician requested authorization for Norco 10/325mg one tablet by mouth 3 times a day. On February 2, 2015, the Utilization Review denied authorization for Norco 10/325mg one tablet by mouth 3 times a day. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg one table po tid: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The additional medical record response provided after the original UR decision in this case does document any validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with Norco.