

Case Number:	CM15-0027312		
Date Assigned:	02/19/2015	Date of Injury:	11/21/2013
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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 year old male injured worker suffered and industrial injury on 11/21/2013. The diagnosis was lumbar fracture with disc herniation at L4/L5. The diagnostic study was lumbar magnetic resonance imaging. The treatments were medications. The treating provider reported to continue to have pain in the back, right buttock and hip rating the pain as 5-9/10 radiating to right leg along with walking with a cane. On exam of the lumbar spine there were spasms of the muscles with tenderness. The provider recommended lumbar fusion with removal of the pain generator but that has thus far been denied. The Utilization Review Determination on 1/20/2015 non-certified Norco 5mg #50, one every 12 hours, DOS: 01/06/15, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #50, one every 12 hours, DOS: 01/06/15: Upheld

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

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

Decision rationale: Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioid contracts are suggested but not required. Urine drug screening should occur at the initiation of opioid therapy and then periodically thereafter, depending on addiction risk profiles, at frequencies of at least yearly. Typical questions regarding pain and opioid use include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia. In this instance, the injured workers status is continually stated to be unchanged from a pain and functionality perspective. VAS scores are given at 7-8/10 but is unclear if that is the average pain, worst pain, or least pain. The impact of the prescribed Norco cannot therefore be ascertained although a letter from the treating physician states that the functionality deteriorates without the medication. The medical necessity for Norco 5/325 mg #50 therefore cannot be verified. that is not to say that the injured worker would not benefit from opioids, merely that the submitted documentation is insufficient to justify the continued use of Norco at this time.