MAXIMUS Federal Services

Case Number:	CM15-0029913		
Date Assigned:	02/23/2015	Date of Injury:	07/09/1988
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 47 year old male, who sustained an industrial injury on 7/9/1988. The current diagnoses are lumbar arthrodesis, L3 through the sacrum (1995), non-specific back pain, post fusion, degenerative disc disease above the fusion, and early sacroiliac joint dysfunction. Currently, the injured worker complains of intermittent low back pain. The pain is rated 3/10 on a subjective pain scale. Current medications are Ibuprofen, Daypro, and occasional Norco. Per report, the injured worker has been out of Norco for a few months because of recent increased restriction in prescribing practices. The physical examination of the lumbar spine was unremarkable. Treatment to date has included medications and surgery. The treating physician is requesting Norco 10/325mg #60 times 2 prescriptions, which is now under review. On 1/30/2015, Utilization Review had non-certified a request for Norco 10/325mg #60 times 2 prescriptions. The California MTUS Chronic pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 47 year old male with a date of injury of 07/09/1988 and an L3 - S1 fusion in 1995. Recently he was treated with NSAIDS and occasional Norco. He has been out of Norco for several months. MTUS guidelines for on-going treatment with opiates required documentation of analgesia, improved functionality with respect to the ability to do activities of daily living or work, monitoring of adverse effects and monitoring of drug seeking abnormal behavior. The documentation provided for review does not meet these criteria. Norco is not medically necessary for this patient.

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