

Case Number:	CM15-0217492		
Date Assigned:	11/09/2015	Date of Injury:	11/05/1999
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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:

The injured worker is a year old female, who sustained an industrial injury on November 5, 1999, incurring low back injuries. She was diagnosed with lumbosacral spondylosis, lumbar degenerative disc disease, sciatica and headaches. Treatment included pain medications, Botox injections, sleep aides, home exercise program, surgical lumbar fusion, and activity restrictions. Currently, the injured worker complained of constant dull aching low back pain radiating to her legs. She rated the pain 5-6 on a pain scale from 1 to 10. She also complained of pain in her neck radiating to her shoulders with migraine headaches. She noted difficulty sleeping with the consistent chronic pain. The injured worker noted limited range of motion in the low back and neck regions. She participated in a functional restoration program. She was diagnosed with lumbar radiculopathy, neurogenic claudication, cervical degenerative disc disease, cervical facet disease and chronic migraine headaches. The treatment plan that was requested for authorization included a prescription for Norco 10-325 mg #30. On October 8, 2015, a request for a prescription of Norco quantity #30 was modified to one prescription of Norco quantity of #20 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is documented evidence of significant pain relief and functional improvement with the prior use of this medication. The request for Norco 10/325mg #30 is medically necessary.