

Case Number:	CM15-0218762		
Date Assigned:	11/10/2015	Date of Injury:	10/01/2001
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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

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 is a 57 year old female, who sustained an industrial injury on 10-01-2001. She has reported injury to the low back. The diagnoses have included thoracic sprain-strain superimposed of degenerative joint disease; and lumbar sprain-strain superimposed of degenerative joint disease. Treatment to date has included medications, diagnostics, cold packs, TENS (transcutaneous electrical nerve stimulation) unit, facet injections, lumbar epidural steroid injection, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco, Naproxen, and Soma. A progress note from the treating physician, dated 10-08-2015, documented a follow-up visit with the injured worker. The injured worker reported that when she is walking both of her legs go numb; she has been having a lot of spasms; the discomfort is described as sharp, burning, numbness, pain, discomfort, and tightness; the discomfort is rated as an 8 out of 10 in intensity without medications; after taking medications, pain decreases to a 6 out of 10 in intensity; the symptoms become aggravated by pushing, pulling, lifting, sitting, reaching, twisting, and turning; the medication helps her with inflammation for her pain; and she could also do things around the house like cleaning, cooking, and washing dishes. Objective findings included pain and tenderness at the upper thoracic, mid-thoracic, lower thoracic, thoracolumbar, upper lumbar, lower lumbar, lumbosacral, and sacral; and ranges of motion are decreased. The treatment plan has included the request for Norco 10-325mg #120. The original utilization review, dated 10-28-2015, modified the request for Norco 10-325mg #120, to Norco 10-325mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time. With pain decreased from a 8/10 to a 6/10. There are objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have been met and the request is medically necessary.