MAXIMUS Federal Services

Case Number:	CM15-0219546		
Date Assigned:	11/12/2015	Date of Injury:	07/07/2000
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 59 year old female, who sustained an industrial injury on July 7 2000. The injured worker was undergoing treatment for compression fracture of the thoracic spine T10-T11, status post Kyphoplasty and lumbar spine strain and or sprain. According to progress note of October 8, 2015, the injured worker's chief complaint was pain in the mid back, which continued to be severe. The injured worker was having a hard time adjusting to the reduction of medication due to UR denials. The injured worker rated the pain at 7 out of 10 and the pain increased to 8-9 out of 10 without medications. The injured worker was having difficulty performing activities of daily living. The objective findings were restricted mobility with spasms in the paraspinal musculatures. The injured worker previously received the following treatments thoracic spine MRI on September 16, 2015, Motrin, Norco 10-325mg every 4-6 hours as needed for pain, since June 23, 2015 and Flexeril. The RFA (request for authorization) dated October 8, 2015; the following treatments were requested prescription for Norco 10-325mg #120 with no refills. The UR (utilization review board) denied certification on November 2, 2015; for a prescription for Norco 10-325mg #120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The request for Norco is not supported per the MTUS guidelines. The MTUS guidelines do not support opioids for non-malignant pain. Per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The request for Norco 10/325mg #120 is not medically necessary and appropriate.