

Case Number:	CM15-0031288		
Date Assigned:	02/24/2015	Date of Injury:	03/31/2009
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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 42 year old male with an industrial injury dated March 31, 2009. The injured worker diagnoses include chronic right ilioinguinal neuralgia pain following a work injury, status post bilateral hernia repair and status post right ilioinguinal/hypogastric neurectomies x2, chronic neck pain status post anterior cervical discectomy and fusion (ACDF) at C4-5, cervical spondylosis, chronic migraines, lumbar spondylosis, and chronic pain syndrome. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/22/2014, the injured worker reported right shoulder pain, groin pain, and right knee pain. Physical exam revealed slow cadence and limited stride, limited lumbar pain-free range of motion and lumbar paraspinal tenderness. The treating physician prescribed Norco 10/325mg #60. Utilization Review determination on January 20, 2015 modified the request to Norco 10/325mg #15, citing MTUS Guidelines.

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 Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids if specific conditions/standards are met. The Guideline standards include careful documentation by the prescribing physician to include the circumstances under which the opioids are utilized, quantification of how much pain relief the opioid provides, how long the pain relief lasts, how the opioid impacts functional activities and the lack of aberrant drug related behaviors. Unfortunately, the majority of these standards are not being met and there is inadequate documentation to support the ongoing use of opioids. Additional Guideline compliant documentation by the prescribing physician could impact this patient's potential needs. However, under the current circumstances, the Norco 10/325 #60 is not supported by Guidelines and is not medically necessary.