

Case Number:	CM15-0032550		
Date Assigned:	02/26/2015	Date of Injury:	07/02/2013
Decision Date:	04/03/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/20/2015

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, Georgia
 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 27 year old female, who sustained an industrial injury on July 2, 2013. She has reported low back and bilateral right hip pain radiating into the left leg with tingling and numbness noted. The diagnoses have included sprain/strain of the lumbar spine and hip, lumbago and sciatica. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of depression, sleep disturbances, continued low back and bilateral right hip pain radiating into the left leg with tingling and numbness noted. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. It was noted she was treated conservatively without resolution of the persistent pain. Evaluation on September 12, 2014, revealed she had completed physical therapy and chiropractic care without resolution of the pain. It was noted she was in visible distress at the time of the examination. Magnetic resonance imaging (MRI) of the lumbar spine was requested. On October 6, 2014, evaluation revealed continued pain. Evaluation on December 15, 2014, revealed continued low back pain and depression. On February 12, 2015, Utilization Review non-certified a request for Norco 5/325mg #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of requested Norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.