

Case Number:	CM15-0036122		
Date Assigned:	03/05/2015	Date of Injury:	09/20/2010
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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 50 year old female, who sustained an industrial injury on September 20, 2010. She has reported injury of the wrists, hands, and low back. The diagnoses have included lumbosacral musculoligamentous distribution. Treatment to date has included medications, physical therapy, chiropractic therapy, rest, a home exercise program, and left hand and wrist surgery. Currently, the IW complains of continued low back pain with radiation into the right leg, and associated numbness and tingling into the right foot. She rates her pain as 5-6/10. Physical findings reveal a decreased lumbar range of motion with noted spasms, and tenderness over the paravertebral and lumbosacral areas. The records indicate she has been utilizing Norco for more than one year. On February 6, 2015, Utilization Review modified certification of Norco 5/325, #90. The Chronic Pain Medical Treatment guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Norco 5/325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

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. The previous UR review modified original request to #90 to allow for weaning. The record does not support medical necessity of ongoing opioid therapy with Norco 5/325 #120 and original UR decision is upheld.