

Case Number:	CM15-0043447		
Date Assigned:	03/13/2015	Date of Injury:	04/16/2011
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 46 year old female who sustained an industrial injury on April 16, 2011. She has reported low back pain and has been diagnosed with thoraciclumbosacral neuritis unspecified, spinal stenosis, lumbar region, neurogenic claudication, and intervertebral disc disorder with myelopathy, lumbar region. Treatment included medication and physical therapy. Currently the injured worker complains of low back pain that radiated to the thigh and stops at the knee. There was numbness in both thighs. The treatment request included Norco 10/325 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 when there is meaningful pain relief plus functional improvements as a result of use. Although the documentation is not perfect, it is adequate to meet the Guideline standards for use of opioids. A 30% improvement in pain is reported with the medications and improvement in activities (able to drive, ADL's improved) with the medications. Under these circumstances, the Norco 10/324mg. is supported by Guidelines and is medically necessary.