

Case Number:	CM15-0045590		
Date Assigned:	03/17/2015	Date of Injury:	03/16/2007
Decision Date:	04/17/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 45 year old female who sustained a work related injury March 16, 2007. She tripped and fell over a wire, landing on her hands and knees. Past history included hypertension, surgery to the right and left knee, back surgery 2009, and lumbar surgery 2012, According to an initial comprehensive interventional pain management evaluation, dated February 12, 2015, the injured worker presented with an 8 year history of low back and leg pain. Current medication included Soma, Norco, Xanax and Ambien. The injured worker describes the pain as constant, worse at night and associated with weakness, numbness and tingling in the legs and feet. She also complains of symptoms of foot drop right greater than left and bowel and bladder dysfunction. Diagnoses are documented as lumbago; spasms of muscle; post laminectomy syndrome lumbar region; degenerative lumbar/lumbosacral disc. Treatment plan included medical management of medications; trial Fentanyl patch, increase Norco, continue Soma, wean Xanax, consider Cymbalta, interventional therapy-epidural steroid injection, physical activity and regular exercise, urine drug testing, and follow-up with primary physician for other medical conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 45 year old female has complained of low back pain and bilateral knee pain since date of injury 3/16/07. She has been treated with bilateral knee surgery, lumbar spine surgery, physical therapy and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.