

Case Number:	CM15-0046202		
Date Assigned:	03/18/2015	Date of Injury:	10/16/2007
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on 10/16/2007. Current diagnoses include chronic lumbosacral musculoligamentous sprain/strain, L4-L5 right foraminal stenosis with listhesis and protrusion, L5-S1 left foraminal stenosis with annular bulge and osseous hypertrophy, bilateral shoulder impingement, and grade 1 anterolisthesis at L4-L5 with some disc degeneration and neuroforaminal compromise on MRI. Previous treatments included medication management, physical therapy, and epidural injections. Diagnostic studies included MRI. Report dated 01/28/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the right leg with numbness, weakness, and pain. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included follow-up to discuss surgical intervention, request for authorization for urine toxicology screening for the next visit, and a written prescription for Norco. A progress report dated August 18, 2014 states that the medication reduces the patient's pain. Urine toxicology screens are conducted. A drug agreement is in place. The patient is currently working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function (working without restrictions) and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco is medically necessary.