

Case Number:	CM15-0050578		
Date Assigned:	03/24/2015	Date of Injury:	04/17/2001
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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: Ohio, North Carolina, Virginia
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 53-year-old male, who sustained an industrial injury on 4/17/2001. The current diagnosis is lumbar radiculitis. According to the progress report dated 1/27/2015, the injured worker complains of constant low back pain that radiates to his bilateral legs. The pain is rated 5/10 with medications and 9/10 without. The current medications are Norco and Lyrica. Treatment to date has included medication management, ice, heat, massage, physical therapy, home exercise program, and lumbar epidural steroid injections. The plan of care includes Norco, acupuncture evaluation, and follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list \; Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Functional Improvement Definition Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects and monitoring for aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, pain level do appear to be diminished with the use of Norco and it appears that monitoring for aberrant drug taking behavior has occurred within the last year. A functionality rating was done 1-27-2015 giving an Oswestry score of 70. However, there is no evidence from the submitted record that the injured worker has had functional improvement as defined by improvement in activities of daily living or a reduction in work restrictions as a consequence of the medications or from other interventions such as lumbar epidural steroid injections. Reduced quantities of Norco have been previously certified to allow for weaning. Therefore, one prescription of Norco 10/325 mg #120 is not medically necessary.