

Case Number:	CM15-0050710		
Date Assigned:	03/24/2015	Date of Injury:	10/12/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
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: 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 41-year-old, female, who sustained a work related injury on 10/12/13. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, degenerative disc disease lumbar spine, lumbosacral radiculitis and chronic pain syndrome. Treatments have included 12 sessions of physical therapy with some benefit and medications. In the clinical Encounter Summary dated 2/6/15, the injured worker complains of constant, variable left sided low back pain. She has pain that radiates down left leg. She rates the pain a 2-7/10. She has improved active range of motion in lumbar spine area. She states that her current Norco dose is "helping a lot." The physical therapy helped to improve her back spasms. The pain medication has helped to increase her activity tolerance. The treatment plan is to continue with Norco pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of 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 opioid medications when there is meaningful pain relief, improved function as a result of use and the lack of aberrant drug related behaviors. This individual meets these Guideline criteria. Significant pain relief and improved function is adequately documented. No aberrant drug related problems are evident. Under these circumstances, the request for Norco 10/325mg #90 is supported by Guidelines and is medically necessary.

Norco 10/325mg #90, do not fill until 2/8/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of 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 opioid medications when there is meaningful pain relief, improved function as a result of use and the lack of aberrant drug related behaviors. This individual meets these Guideline criteria. Significant pain relief and improved function is adequately documented. No aberrant drug related problems are evident. Under these circumstances, the request for a future prescription for Norco 10/325mg #90, do not fill until 2/8/15 is supported by Guidelines and is medically necessary.