

Case Number:	CM15-0051566		
Date Assigned:	03/25/2015	Date of Injury:	04/22/2012
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 68 year old female who sustained an industrial injury on 4/22/02. The injured worker reported symptoms in the back. The injured worker was diagnosed as having instable spondylolisthesis, lumbosacral sprain/strain, and radiculopathy. Treatments to date have included physical therapy, status post instrumented fusion, oral pain medication, and a cane. Currently, the injured worker complains of lumbar spine pain. The plan of care was for gabapentin and Norco, along with a follow up appointment at a later date. On 2/24/2015, Utilization Review non-certified the request for Norco 10/325 mg #30 based on the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

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): 78-83.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included history of urine drug testing, questionable subjective functional improvement, and other first-line pain medications to include gabapentin. However, the treating provider's notes have not included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, objective functional improvement, and performance of necessary activities of daily living. The IW has previously been on long-acting opioids and has had long-term continued use of other opioids with failure to respond to a time-limited course of treatment. Based on the available medical information, Norco 10/325 mg #30 is not medically necessary and appropriate for ongoing pain management.