

Case Number:	CM15-0051672		
Date Assigned:	03/25/2015	Date of Injury:	02/09/2004
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on February 9, 2004. The diagnoses have included lumbar sprain/strain, cervical sprain/strain, left knee sprain/strain and chronic pain syndrome. Treatment to date has included medications, electrodiagnostic studies, epidural steroid injections, lumbar-sacral orthosis back brace and physical therapy. Current documentation dated February 17, 2015 notes that the injured worker complained of neck pain that radiated down both shoulders and low back pain that radiated down both legs. Associated symptoms were numbness and tingling of both her arms and legs. The injured worker noted that with pain medications her pain decreased to a seven out of ten on the visual analogue scale. Physical examination revealed normal strength of the bilateral lower extremities, moderate palpable spasms of the bilateral lumbar paraspinal musculature with a positive twitch response and a positive straight leg raise bilaterally. Left knee varus and valgus maneuvers were negative. Right knee range of motion was noted to be decreased due to pain and stiffness. The treating physician's plan of care included a request for the medication Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Weaning and/or changing to another drug in this class.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Guidelines state that Norco is indicated for treatment of moderate and severe pain. Continued use is supported when there is documentation of improved function and pain relief. Discontinuation is recommended if there is no evidence of functional improvement or if pain and decreased functioning continue despite the use of medication. In this case, the patient has been on Norco for a long time without documented evidence of improvement in functioning or pain. The request for Norco 5/325 mg #120 is not medically appropriate and necessary.