

Case Number:	CM15-0053143		
Date Assigned:	03/26/2015	Date of Injury:	07/31/2006
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

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 33 year old male, who sustained an industrial injury on July 31, 2006. The injured worker had reported a neck, back and left hip injury related to a fall. The diagnoses have included left hip contusion, lumbar discogenic disease, lumbar radiculopathy, lumbar disc protrusion and low back pain syndrome. Treatment to date has included medications, radiological studies, epidural injections, psychiatric evaluation and electrodiagnostic studies. Current documentation dated March 2, 2015 notes that the injured worker moved gingerly, had difficulty with rising from a sitting to standing position and his gait favored the right lower extremity. The documentation notes the injured workers current medication regime was effective for pain. The treating physician's plan of care included a request for a prescription of the pain medication Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-81.

Decision rationale: The medical records provided for review do not indicate a medical necessity for 1 prescription of Norco 5mg #60. The MTUS recommends the use of the lowest dose of an opioid for the short term treatment of moderate to severe pain; but the records indicate the injured worker has been using this medication at least since 04/2014, without overall improvement in pain and function. The MTUS does not recommend the use of opioids for longer than 70 days for the treatment of chronic pain. Also, the MTUS recommends discontinuation of treatment if there is no overall improvement in pain and function. Therefore, this request is not medically necessary.