

Case Number:	CM15-0053341		
Date Assigned:	03/26/2015	Date of Injury:	03/27/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
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: California

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 35 year old male, who sustained an industrial injury on 3/27/14. He reported initial complaints shoveling and back gave out. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included Lumbar spine MRI (4/15/14); physical therapy; lumbar epidural steroid injection left L5-S1 (8/6/14); medication. Currently, per PR-2 notes dated 2/16/15, the injured worker complains of worsening right lower back pain (sharp and severe) with radiating numbness to buttocks down the thigh. The notes indicate the injured had a transforaminal epidural steroid injection on 8/6/14 that was of no benefit. The injured worker is requesting pain medication due to flare-ups in the last few days. The treatment plan includes seeing a surgeon for possible surgical intervention. Provider documents a long discussion regarding Norco and or narcotic use and has requested Norco medication at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #32: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 7.5/325mg #32 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsening right lower back pain (sharp and severe) with radiating numbness to buttocks down the thigh. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 7.5/325mg #32 is not medically necessary.