

Case Number:	CM15-0053612		
Date Assigned:	03/27/2015	Date of Injury:	10/14/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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: New Jersey, New York
 Certification(s)/Specialty: 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 29-year-old male, who sustained an industrial injury on 10/14/11. He reported back pain with numbness in the posterior left buttocks and calf. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and lumbago. Treatment to date has included a lumbar epidural steroid injection at L5-S1, L4-5 and L5-S1 microdiscectomy, physical therapy, and a home exercise program. A MRI performed on 7/21/14 revealed L4-5 right paracentral disc extrusion with moderate to severe central canal with right lateral recess stenosis, L5-S1 left paracentral disc extrusion with severe left lateral recess stenosis, and moderate left and right foraminal stenosis. Currently, the injured worker complains of low back and left knee pain. A physician's report noted the epidural injection did not provided pain relief and physical therapy had not been effective. The treating physician requested authorization for Norco 10/325mg #120. The treatment plan included weaning down Norco and the continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 - 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates since 2013 without objective documentation of the improvement in function. The patient has not returned to work. There is no documentation of the 4A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented although a 1/2015 UDS was stated to have been consistent. There are no clear plans for future weaning, or goal of care. Norco carries a high addiction risk and the patient has not shown any functional improvement. Because of these reasons, the request for Norco is considered medically unnecessary.