

Case Number:	CM15-0056230		
Date Assigned:	04/01/2015	Date of Injury:	09/17/2004
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old male, with a reported date of injury of 09/17/2004. The diagnoses include L5-S1 disc protrusion, lumbar displaced intervertebral disc, and left S1 radicular pain and weakness. Treatments to date have included oral medication and topical pain medication. The medical report dated 02/02/2015 indicates that the injured worker took two Norco tablets four times a day. He stated that difficult days, he had to take one extra tablet. The injured worker complained of leg pain and back pain. The physical examination showed lumbar flexion at 50 degrees, lumbar extension at 30 degrees, straight leg raise on the right at 90 degrees that was pain free, straight leg raise on the left at 80 degrees which caused low back pain, normal right lower extremity strength test, and left lower extremity weakness. It was noted that the urine toxicology screen performed in December was consistent with his prescriptions. The treating physician requested Norco 10/325mg #120. A progress report dated September 15, 2014 indicates that the patient's pain is 8/10 without opiates and 5/10 with opiates. The opiates allow him to continue working full-time. The treatment plan recommends continuing Norco, Neurontin, and topical medication. A urine toxicology screen was obtained. A urine drug screen performed on September 16, 2014 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 2 tablets QID #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that the patient is using a large quantity of opiate pain medication. However, the requesting physician has addressed guideline requirements for the ongoing use of this medication, and it reportedly allows the patient to continue working. In light of the above, the currently requested Norco is medically necessary.