

Case Number:	CM15-0057100		
Date Assigned:	04/01/2015	Date of Injury:	08/20/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

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:

This 30 year old female sustained an industrial injury on 8/20/11. She subsequently reported back pain. Diagnoses include lumbar herniated nucleus pulposus and lumbar stenosis. Diagnostic testing has included x-rays and MRIs. Treatments to date have included modified work duty, physical therapy, surgery and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg 1 PO Q4-6 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 76-78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for low back pain with radiating lower extremity symptoms. When seen, she had

pain rated at 6/10 and reported that Norco was not helping. She was planning to stop attending school. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is planning on discontinuing vocational efforts. She meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco is not medically necessary.