

Case Number:	CM15-0059598		
Date Assigned:	04/06/2015	Date of Injury:	08/09/2012
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30-year-old female with an industrial injury dated 08/09/2012. Her diagnosis includes chronic lumbar back pain, chronic bilateral lower extremity radicular symptoms, chronic thoracic spasm and cervical spasm and chronic bilateral trochanteric bursitis. Prior treatments include medications. In progress note dated 10/28/2014 the injured worker presents with low back pain and pain in both legs. Physical exam revealed tenderness with slight spasm from lumbar 1 to lumbar 5 through sacral 1. There was bilateral sacroiliac and trochanteric tenderness. The provider notes the injured worker obtains pain relief from the Norco taken for pain and is not having significant side effects from the medications. Other documentation by the provider notes the injured worker has increased physical and psychosocial functioning, no abnormal behavior or non-compliance and no evidence of drug escalation or drug diversion. The treatment plan included pain management with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg Qty 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Norco without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.