

Case Number:	CM15-0080904		
Date Assigned:	05/01/2015	Date of Injury:	09/30/2013
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 38 year old male who sustained an industrial injury on 9/30/13 after lifting an empty propane tank resulting in sudden pain in the right low back. He currently complains of constant, moderate bilateral back pain and discomfort. It is aggravated with walking and bending. He has limited range of motion of his lumbar spine. In addition he has intermittent, mild right leg pain and weakness. He has sleep difficulties and anxiety due to pain. Medications are Norco, naproxen, activated charcoal-NaCl. Diagnoses include acute low back pain; lumbar muscle strain; lumbar radiculopathy; right sacroilitis. Treatments to date include physical therapy (13 visits); sacroiliac joint injection (1); pain medications; acupuncture (3 visits); home exercise; chiropractic visits. In the progress note dated 3/12/15 the treating provider's plan of care includes to refill Norco for severe pain. The injured worker is using Norco every six hours and treating physician indicates weaning him off and this was discussed with injured worker.

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: Overturned

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

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 10/325 MG Qty 120 is 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 constant, moderate bilateral back pain and discomfort. It is aggravated with walking and bending. He has limited range of motion of his lumbar spine. In addition, he has intermittent, mild right leg pain and weakness. He has sleep difficulties and anxiety due to pain. The treating physician has documented that injured worker is using Norco every six hours and treating physician indicates weaning him off and this was discussed with injured worker. The criteria noted above having been met for a weaning process, Norco 10/325 MG Qty 120 is medically necessary.