

Case Number:	CM15-0081043		
Date Assigned:	05/04/2015	Date of Injury:	11/15/1997
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
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: Preventive Medicine, Occupational 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 46 year old, female who sustained a work related injury on 11/15/97 per Application for Independent Medical Review and per PR-2 date of injury is 11/7/07. The diagnoses have included status post lumbar surgery, lumbar herniated disc and lumbar left-sided radiculopathy. The treatments have included Toradol injections, epidural steroid injections, oral medications, physical therapy, a home exercise program and lumbar surgery. In the PR-2 dated 2/27/15, the injured worker complains of significant low back pain with pain radiating down left leg. The treatment plan is prescriptions written for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines have very specific standards to justify the responsible prescribing of long term opioid medications. These standards include careful documentation of: How much pain relief is experienced with use. How long pain relief lasts after use. How opioid use affects daily functioning. The presence of or lack of drug related aberrant behaviors. None of these Guideline standards are being met. There is no documentation of benefits to pain and function as a result of opioid use. Under these circumstances, the long term use of opioids is not supported by Guidelines. The Norco 10/325mg. #60 is not medically necessary.