

Case Number:	CM15-0082408		
Date Assigned:	05/04/2015	Date of Injury:	05/17/2012
Decision Date:	06/03/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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:

The injured worker is a 35 year old female, who sustained an industrial injury on 5/17/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having low back pain with disc protrusion with radicular symptoms. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture, epidural steroid injection and medication management. In a progress note dated 3/25/2015, the injured worker complains of low back pain. The treating physician is requesting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, 1 po QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain.

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 is more than three years status post work-related injury and continues to be treated for radiating low back pain. Medications being prescribed included Norco as a total MED (morphine equivalent dose) of 40 mg per day. Notes from the treating provider document Norco as seeming to provide some pain relief. However, the claimant continues to have difficulty with activities of daily living. When seen, she had ongoing moderate to severe limitations with household activities and activities such as driving, shopping, and exercise. 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 no apparent functional benefit with its use. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.