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| Case Number: | CM15-0082617 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 06/14/2012 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/24/2015 |
| 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 43 year old female, who sustained an industrial injury on 6/14/2012. She reported low back pain. The injured worker was diagnosed as having herniated nucleus pulposus of the lumbar spine with facet joint arthropathy. Treatment to date has included medications, and therapy. The request is for Norco. On 1/15/2014, she reported Norco to not be helping. On 4/15/2015, she complained of low back pain with radiation into the left hip and knee. She denies side effects from Norco. The record indicates she noted slight functional improvement in her ability to sit, stand and walk with the use of Norco. She rated her pain as 4/10 with medications and 5-6/10 without medications. Norco is listed as her only medication. The treatment plan included: Norco and urine drug screening. Naprosyn was discontinued for GI side effects but the IW denied any adverse effect associated with the use of Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedatives. The records did not show that the patient failed treatments with various NSAIDs or non opioid co-analgesics. There is no documentation of the guidelines mandated compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports or functional restoration. The documented reduction of pain from 5-6/10 to 4/10 b, the use of Norco was not clinically significant by the guidelines criteria. The criteria for the use of Norco 10/325mg #30 was not met. The request is not medically necessary.