

Case Number:	CM15-0087018		
Date Assigned:	05/11/2015	Date of Injury:	04/16/2011
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 4/16/11. Her right foot got caught between a carpet gap, she fell landing on her right knee and twisting her lower back. The patient states she felt immediate pain in her lower back and knee region. The diagnoses have included lumbosacral neuritis, lumbar spinal stenosis, lumbar neuropathy and lumbar disc disease. Treatments have included medications, completion of functional capacity evaluation, physical therapy and home exercises. In the PR-2 dated 1/7/15, the injured worker complains of low back pain that radiates to thigh, right greater than left, stops at knee. She complains of numbness in both thighs. She states that left leg is unstable and causes her to limp. She states pain is worse. She rates her pain level a 7/10. Her pain level with medications is 6/10 and a 10/10 without medications. With medications, she is able to drive and perform activities of daily living. Her lumbar range of motion is normal and there is no tenderness to palpation of lumbar area. The treatment plan includes prescription refills for pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided in the recent notes provided for review to show this full review regarding Norco use was completed. There was no record to show clear and measurable pain level reduction or functional gains directly related to the Norco use to help justify its continuation. Therefore, without this evidence of ongoing and significant benefit without side effects, the request for Norco will be considered medically unnecessary at this time.