

Case Number:	CM15-0088325		
Date Assigned:	05/12/2015	Date of Injury:	07/18/2011
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 33 year old male who sustained an industrial injury on 07/18/2011. Current diagnoses include thoracic/lumbosacral neuritis unspecified, disorders of sacrum, acquired spondylolisthesis, pain joint pelvis and thigh, and intervertebral disc disease with myelopathy. Previous treatments included medication management, and sacroiliac joint injection. Report dated 04/08/2015 noted that the injured worker presented for follow up after sacroiliac joint injection. It was noted that the injection continues to help and that the right groin pain is gone. The injured worker has been working full time. Medication regimen includes cyclobenzaprine, naproxen sodium, Norco, and Prilosec. Pain level was not included. There were no abnormalities noted on physical examination. The treatment plan included the injured worker is working full-time, and requests for continued use of Norco, cyclobenzaprine, and naproxen. Documentation supports that the injured worker has been prescribed Norco since 10/02/2014. Disputed treatments include Norco.

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, On-Going Management, Weaning. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This injured worker receives treatment for chronic low back pain and sacroiliac pain. This relates back to an industrial injury on 07/18/2011. The patient has received a number of therapeutic SI joint steroid injections. This review addresses a request for refills of Norco 10/325 mg 6 a day, totaling #180 tabs. On physical exam the neurologic exam, the ROM and palpation are all within normal limits. The documentation does not state the level of pain either without the Norco or with taking the Norco. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically indicated.