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| Case Number: | CM15-0235797 | | |
| Date Assigned: | 12/11/2015 | Date of Injury: | 12/01/2000 |
| Decision Date: | 01/22/2016 | UR Denial Date: | 11/13/2015 |
| Priority: | Standard | Application Received: | 12/02/2015 |

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 59 year old, female who sustained a work related injury on 12-1-2000. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 10-5-15 and 11-2-15, the injured worker reports low back pain. She rates the pain a 9 out of 10. She describes the pain as aching, annoying, constant, dull, radiating, shooting, sore, tight, tingling and severe. Upon physical exam dated 11-2-15, she has tenderness to touch of the lumbar paraspinal muscles and sacroiliac joints. She has decreased lumbar range of motion. Treatments have included medications. Current medications include Celebrex, Lidoderm patches, Neurontin, Norco, and Oxycontin. No notation of working status. The treatment plan includes requests for medication refills and trial of Flexeril. In the Utilization Review dated 11-13-15, the requested treatment of Norco 10-325mg. #120 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg; 1 Tab Q6h Prn For 30 Days #120 Days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The injured worker is a 59 year old, female who sustained a work related injury on 12-1-2000. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 10-5-15 and 11-2-15, the injured worker reports low back pain. She rates the pain a 9 out of 10. She describes the pain as aching, annoying, constant, dull, radiating, shooting, sore, tight, tingling and severe. Upon physical exam dated 11-2-15, she has tenderness to touch of the lumbar paraspinal muscles and sacroiliac joints. She has decreased lumbar range of motion. Treatments have included medications. Current medications include Celebrex, Lidoderm patches, Neurontin, Norco, and Oxycontin. No notation of working status. The treatment plan includes requests for medication refills and trial of Flexeril. In the Utilization Review dated 11-13-15, the requested treatment of Norco 10-325mg. #120 is not medically necessary.