

Case Number:	CM15-0239833		
Date Assigned:	12/16/2015	Date of Injury:	11/25/2013
Decision Date:	01/21/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained an industrial injury on 11-25-2013. The injured worker is undergoing treatment for lumbar intervertebral disc disorders with radiculopathy, post microdiscectomy and lumbar spondylosis. Medical records dated 10-20-2015 indicate the injured worker complains of persistent back pain radiating to legs rated 3-4 out of 10. He reports improvement since epidural steroid injection. Physical exam dated 10-20-2015 notes lumbar decreased range of motion (ROM) with tenderness to palpation, positive straight leg raise and decreased strength. Treatment to date has included surgery, physical therapy, aquatic therapy, epidural steroid injection, medication and altered activity. The injured worker is not working. The original utilization review dated 11-12-2015 indicates the request for Norco 10-325mg #60 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg take 1 every 8 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Norco tab 10/325mg take 1 every 8 hours #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not reveal objective increase in function or return to work from prior Norco use therefore the request for continued Norco is not medically necessary.