

Case Number:	CM15-0000766		
Date Assigned:	01/12/2015	Date of Injury:	04/20/2002
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Georgia

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 50 year old male, who sustained an industrial injury on April 20, 2002. He has reported low back pain. The diagnoses have included low back pain, lumbar spine disc rupture, and status post lumbar spine fusion. Treatment to date has included medications, and transcutaneous electrical nerve stimulation unit. Currently, the IW complains of low back pain. On January 8, 2015, physical findings were found to be unchanged from a previous evaluation. A magnetic resonance imaging of the lumbar spine on October 9, 2014, reveals disk degeneration at L4-L5, with evidence of a fusion at L5-S1. On December 4, 2014, Utilization Review non-certified the request for Norco 10/325 mg, quantity #60, and quantity #90, with two (2) refills, based on MTUS, Chronic Pain Medical Treatment guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Norco 10/325 mg, quantity #60, and quantity #90, with two (2) refills. The primary diagnosis listed on the application is displacement of thoracic or lumbar intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 and #90 times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg, qty #60 and #90 times 2 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimants medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.