

Case Number:	CM15-0003755		
Date Assigned:	01/14/2015	Date of Injury:	05/28/1997
Decision Date:	03/09/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/08/2015

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: California

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 an industrial injury on May 28, 1997. The diagnoses have included lumbar disc disease, lumbar post-laminectomy syndrome, and opioid tolerance. Treatment to date has included pain and non-steroidal anti-inflammatory medications, and non-steroidal anti-inflammatory injections. Currently, the IW complains of not being significantly improved. The injured worker reported constant moderate pain, which is helped by rest. The bilateral lower extremities exam revealed normal motor strength, decreased sensation in the bilateral L4 (lumbar four) dermatome, and absent patellar tendon reflexes. There was decreased range of motion of the lumbar spine. The treatment plan included prescriptions for her current pain and non-steroidal anti-inflammatory medications, a non-steroidal anti-inflammatory injection, and check blood work. On December 25, 2014 Utilization Review modified a prescription for Norco 10/325mg #100, noting the continuation of weaning is appropriate based on the lack of significant change in the injured worker's symptoms, the objective findings remained unchanged from the prior visit, and the lack of documentation of functional improvement. The California Chronic Pain Medical Treatment Guidelines for Norco, Criteria for Use of Opioids, and Weaning of Medications were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids f.

Decision rationale: The requested Norco 10/325mg #100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant moderate pain, which is helped by rest. The treating physician has documented bilateral lower extremities exam revealed normal motor strength, decreased sensation in the bilateral L4 (lumbar four) dermatome, and absent patellar tendon reflexes and decreased range of motion of the lumbar spine. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #100 is not medically necessary.

Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS),.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, ANAPROX 550 MG # 60 is not medically necessary.