

Case Number:	CM15-0009266		
Date Assigned:	01/27/2015	Date of Injury:	04/03/2012
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 43 year old female sustained an industrial injury on 4/3/12. She subsequently reports chronic low back, left leg and left arm pain. An MRI revealed abnormalities to the lumbar spine. Prior treatments include chiropractic visits and lumbar block injections. The UR decision dated 12/30/14 non-certified the Norco 10/325 mg 1 tab every 12 hours as needed #90. The Norco 10/325 mg 1 tab every 12 hours as needed #90 denial was based on CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96..

Decision rationale: The MTUS recommends specific documentation guidelines for on-going treatment with Opioids and recommends discontinuing if there is no overall improvement in

function unless there are extenuating circumstances. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS, and hyperalgesia should always be considered whenever there is a change in pain pattern or persistence in pain at higher levels than expected, in which situation weaning is recommended as opposed to escalating the dose. A review of the injured workers medical records show that she is having persistent pain and does not appear to be having a satisfactory response to opioids, therefore based on her clinical presentation and the guidelines the request for Norco 10/325mg #90 is not medically necessary.