MAXIMUS Federal Services

Case Number:	CM15-0101924		
Date Assigned:	06/04/2015	Date of Injury:	04/08/2003
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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:

The injured worker is a 53 year old male who sustained a work related injury April 8, 2003. According to a pain consultation physician's notes, dated April 23, 2015, the injured worker presented with low back and right shoulder pain. These complaints are unchanged from previous visits. The low back pain is primarily axial and he does not wish any injection therapy or any therapy at this time. Physical examination reveals he walks with slight favoring of his right leg. There is mild tenderness over the right sacroiliac joint and greater trochanter. Straight leg raise and Faber's test are negative. Diagnoses are lumbar degenerative disc disease with sacroilitis and piriformis syndrome. Treatment plan included refill of medications and to continue self-directed stretching and exercise program. At issue, is the request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, support of function and a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. Significant pain relief is documented to last up to 6 hours. Use is intermittent and allows for improved activity levels. Use is limited with the #120 to last for 2 months and there are no troublesome drug related behaviors. Under these circumstances, the Norco 5/325mg #120 is supported by Guidelines and is medically necessary.