

Case Number:	CM15-0103314		
Date Assigned:	06/05/2015	Date of Injury:	05/15/2003
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 5/15/2003. She reported low back and left lower extremity pain. The injured worker was diagnosed as having low back and left lower extremity pain, lumbar spondylosis with facet arthropathy, lumbar discogenic pain, headaches, and situational depression secondary to chronic pain. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine (9/16/2014). The request is for Norco. On 4/8/2015, she complained of continued low back pain with radiation into the left lower extremity. She rated her pain 3-4/10 with medications and 9/10 without medications. She was continued on Norco. On 5/8/2015, she reported a slight increase in low back and left lower extremity pain. She indicated her medications continued to be beneficial in reducing her pain and keeping her functioning. She has been authorized for spine surgery consultation, and had completed a psychiatric evaluation. She rated her pain 4/10 with medications, and 9/10 without medications. The treatment plan included: Norco, Omeprazole, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury of 2003. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg quantity 120 is not medically necessary and appropriate.