

Case Number:	CM15-0105827		
Date Assigned:	06/10/2015	Date of Injury:	04/01/2011
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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, 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 41-year-old male, who sustained an industrial injury on 04/01/2011. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having degenerative disc disease. Treatment and diagnostics to date has included muscle relaxants and opioid pain medications. In a progress note dated 05/06/2015, the injured worker presented with complaints of constant pain in low back, left hip, and left leg. Objective findings include decreased lumbar spine range of motion. The treating physician reported requesting authorization for Norco. A progress report dated May 6, 2015 states that the patient's pain is moderate with medication and severe without. The note indicates that the patient is able to work currently. An epidural injection has recently been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the medication is improving the patient's pain, and allowing the patient to continue working. No intolerable side effects are noted. It is acknowledged, that there should be better documentation of objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. However, a one-month prescription should allow the requesting physician time to better document these items. As such, the currently requested Norco is medically necessary.