

Case Number:	CM15-0010097		
Date Assigned:	01/27/2015	Date of Injury:	10/05/2009
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, New York, 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 47 year old female, who sustained an industrial injury on 10/05/2009. A primary treating office visit dated 12/19/2014 reported subjective complaints of low back pain. The pain is described as "naggy" and a "really crazy charlie horse" that radiates to left hamstring with shooting pain to left foot from left knee. She is prescribed the following medications; Norco 10/325 MG, Percocet 10/325 MG, Naproxen, Flexiril, Omeprazole, and Menthoderm Gel. She also is reported performing home exercises, using a transcutaneous nerve stimulation unit along with heat/cold therapy. The following diagnoses are applied; lumbar sprain/strain, sacroiliac ligament strain/ sprain, myofacial pain and sleep disturbances. She is to remain off from work until 01/28/2015. On 12/29/2014 Utilization Review non-certified a request for Norco 10/325 MG, noting the CA MTUS Chronic Pain, Opioids, Norco was cited. The injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, it was acknowledged on multiple progress notes of late 2014 and early 2015, referenced above. The applicant reported pain complaints in the 6-8/10 range, despite ongoing Norco usage. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting, despite ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incidentally noted, stipulates that an attending provider employ the lowest possible dose of opioids needed to improve pain and function. Here, the attending provider did not furnish a clear or compelling rationale for concurrent provision of two separate short-acting opioids, Norco and Percocet. Therefore, the request was not medically necessary.