

Case Number:	CM15-0013194		
Date Assigned:	01/30/2015	Date of Injury:	09/29/2010
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/22/2015

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: Emergency 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 36 year old female, who sustained an industrial injury on 9/29/2010. The diagnoses have included low back pain and lumbar radiculitis. Treatment to date has included pain medications. According to the Primary Treating Physician's Progress Report from 12/23/2014, the injured worker was seen for follow-up. She reported that with her medication, she was able to bring her pain down to about 3/10, whereas without her medications, her pain could reach 7/10 to 8/10. Her medications allowed her to function in her activities of daily living. Objective findings were documented as unchanged. Current medications included Norco 10/325mg, Ibuprofen 800mg, Robaxin 750mg, Biofreeze, Lyrica 75mg, Diclofenac 75mg and Tizanidine 4mg. It was noted that the last urine drug screen was consistent. On 1/15/2015, Utilization Review (UR) modified a request for Norco 10/325mg #180 to Norco 10/325mg #90, citing Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management, NSAIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has noted that with her medication, she was able to bring her pain down to about 3/10, whereas without her medications, her pain could reach 7/10 to 8/10. Her medications allowed her to function in her activities of daily living. Objective findings were documented as unchanged. The treating physician has documented a consistent recent drug screen. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #180 is not medically necessary.