

Case Number:	CM15-0013227		
Date Assigned:	01/30/2015	Date of Injury:	07/26/2001
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
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 56year old male injured worker suffered an industrial injury on 7/26/2001. The diagnoses were myalgia, chronic pain, lumbosacral spondylosis, lumbar disc degeneration, lumbar spine stenosis, lumbar radiculopathy, and failed lumbar back surgery syndrome. The diagnostic studies were magnetic resonance imaging of the lumbar spine. The treatments were insertion and removal of a spinal cord stimulator, knee arthroscopy, bilateral shoulder repair, medications, physical therapy, chiropractic therapy, acupuncture and epidural steroid injections. The treating provider reported impaired gait mild spasms, upper back middle and lower back, neck and knee pain as moderate to severe pain. It radiates to the right arm, left leg and right thigh. The pain was 9/10 without medications and 6/10 with medications. The Utilization Review Determination on 1/7/2015 non-certified Norco 10/325mg #120 with 1 refill, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325 mg # 120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco,Opioids, criteria for use, Ongoing Management, Opioids, spec.

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines 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 treating physician has documented impaired gait mild spasms, upper back middle and lower back, neck and knee pain as moderate to severe pain. 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 have not been met, and Norco 10/325 mg # 120 with one refill is not medically necessary.