

Case Number:	CM15-0016418		
Date Assigned:	02/04/2015	Date of Injury:	03/08/2011
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 year old male who sustained a work related injury on March 8, 2011, incurring lower back injuries. Treatment included physical therapy, pain medications, epidural injections, steroids and modification of activities. He underwent a lumbar discectomy and laminotomy with relief of pain. Diagnoses included lumbar disc displacement without myelopathy, spinal stenosis, lumbosacral radiculitis and lumbar sprain and strain. Currently, the injured worker complained of worsening back pain and left leg pain. On February 4, 2015, a request for a prescription for Norco 10/325mg #120 was certified for a prescription of Norco 10/325mg #60 for weaning but non-certified a prescription for Norco 10/325mg #60 by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This male patient has complained of low back pain since date of injury 3/8/11. He has been treated with physical therapy, epidural steroid injections, lumbar spine surgery and medications to include opioids since at least 03/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.