

Case Number:	CM15-0017580		
Date Assigned:	02/05/2015	Date of Injury:	03/26/2004
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male who sustained an industrial injury on 3/26/04. The injured worker reported symptoms in the spine. The diagnoses included degeneration of lumbar disc, long term use medications, limb pain and axial low back pain, spinal stenosis. Treatments to date include oral pain medications physical therapy pool program. In a progress note dated 12/9/14 the treating provider reports the injured worker was attending a "Wellness Center...and also reduced his medication...working towards weaning it completely." The patient was reported to be on 7 Norco pills per day and is trying to wean off of it. The patient feels that "the gauntlet has been thrown down with regard to getting off medication and losing weight to see whether he is a candidate for surgery." The only objective findings noted are vital signs and a pain index of 5. The patient is noted to be permanent and stationary and not working. On 1/9/15 Utilization Review non-certified the request for Norco 10/325 milligrams quantity of 210. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210 QTY: 210.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #210 QTY: 210.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, or opioid contract. For these reasons the request for Norco 10/325mg #210 QTY: 210.00 is not medically necessary.