

Case Number:	CM15-0113076		
Date Assigned:	06/19/2015	Date of Injury:	02/21/2013
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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, Illinois
 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 52 year old male patient who sustained an industrial injury on 02/21/2013. The worker suffered a low back injury while lifting at work. He reported the subsequent development of low back pain, leg pain and has seen multiple providers. A recent primary treating office visit dated 05/22/2015 reported current complaints of continuing to struggle with some pain involving both hips, mostly the right. The injured worker has been diagnosed of lumbar strain and moderately severe L5-S1 disc disease. The treatments have included physical therapy and medications. At dispute is the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 02/21/2013. The medical records provided indicate the diagnosis of lumbar strain and moderately severe L5-S1 disc disease. The treatments have included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg Qty 30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. When used for more than six months, the MTUS recommends that pain and relief and functional improvement levels be compared with baseline values using numeric scale or validated instrument. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 06/2014, but with no overall improvement. The records indicate the injured worker is not properly monitored for pain control, adverse effects, aberrant behavior, and activities of daily living. Also, the level of pain is not quantified (with or without numeric value).