

Case Number:	CM15-0115047		
Date Assigned:	06/23/2015	Date of Injury:	05/25/2011
Decision Date:	07/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 60 year old female injured worker suffered an industrial injury on 5/25/2011. The diagnoses included lumbar disc protrusion, facet hypertrophy and sacral contusion. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medication and acupuncture. On 5/18/2015 the treating provider reported low back pain with radiation down the left hip rated 8/10. She reported the pain was 1/10 with medication and 10/10 without medications. She reported improvement in activities of daily living and increased ability to stand and work with medications. On exam there was tenderness over the lumbar spine with reduced range of motion and positive straight leg raise. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Opioids for Chronic Pain Page(s): 101, 90.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 81.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life."The documentation provided did not indicate it was for acute pain and did not include criteria for functional improvement. Although it indicated level of pain with and without medication, the remainder of the required assessment was not complete. Therefore Norco was not medically necessary.