

Case Number:	CM15-0115810		
Date Assigned:	06/24/2015	Date of Injury:	07/24/2012
Decision Date:	08/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 injured worker is a 55 year old, female who sustained a work related injury on 7/24/12. She was changing sheets and moving a mattress when she felt sharp pain in her lower back and hips. The diagnoses have included chronic low back pain, radicular symptoms to the right leg, lumbar spine strain/sprain, and lumbar spine degenerative disc disease and right sacroiliac joint arthropathy. Treatments have included medications, physical therapy, epidural injections and right sacroiliac joint steroid injections. In the PR-2 dated 4/21/15, the injured worker reports low back pain with radicular symptoms to her right leg with numbness and tingling. She has tenderness to touch of lumbar paraspinal region on both sides and on midline lumbar spine. She has muscle spasm with range of motion of lumbar spine. She has decreased range of motion in lumbar spine. She has a positive right straight leg raise in the sitting position. There is no discussion of current treatment regimens including medications or the IW's response to these medications. There are no drug screens included in the submitted documents. She is not working. There is a submitted request for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and weaning of medications Page(s): 79-80, 124.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of hydrocodone and acetaminophen and considered an opioid medication. It is recommended for short-term use in clients with low back pain. "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." Long-term use of opioids are not recommended. It is noted that the injured worker has been on this medication for an undetermined length of time. In a couple of the notes, she reports more than a 50% decrease in pain with the use of prescribed medications. In the notes provided, there are no pain levels recorded. There are no documented changes in his functional capabilities from visit to visit. The IW remains off work, There is no documentation noted about how much of the medication she is using, how long it takes the medication to start working or how long any pain relief lasts. There are no drug screens or discussion or pain contract included in the documentation. Weaning of this medication should be considered before abruptly discontinuing due to possibility of withdrawal issues. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Norco 10/325mg. #60 is not medically necessary.