

Case Number:	CM15-0124566		
Date Assigned:	07/09/2015	Date of Injury:	12/06/1998
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This 63 year old woman sustained an industrial injury on 12/6/1998. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 12/16/2013. Diagnoses include lumbar sprain/strain with advanced degenerative disc disease and stenosis and lumbar discopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 5/26/2015 show complaints of low back pain rated 7-8/10 with radiation to the left foot. Recommendations include Norco and follow up in five to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

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

Decision rationale: Norco 7.5/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment

may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The June 2015 document states that the patient requires assistance with all activities and is having trouble with all activities of daily living. The documentation reveals that the patient has been on long term opioids but there is no clear evidence that the patient has had increased function on Norco therefore the request for continued Norco is not medically necessary.