

Case Number:	CM15-0147394		
Date Assigned:	08/10/2015	Date of Injury:	04/10/2001
Decision Date:	10/22/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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: California
 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 64-year-old female, who sustained an industrial injury on 4-10-2001. Medical records indicate the worker is undergoing treatment for low back pain, lumbar sprain, chronic back pain and lumbar degenerative disc disease. A recent progress report dated 6-16-2015, reported the injured worker complained of low back pain rated 7 out of 10 with medication and 9 out of 10 without medications. Physical examination revealed range of motion restricted by pain to flexion 70 degrees, extension 10 degrees and right and left lateral rotation 20 degrees. Physical examination also showed sacroiliac tenderness and paravertebral spasm and tight muscle band. Lumbar magnetic resonance imaging showed foraminal stenosis, degenerative disc disease and anterolisthesis. Treatment to date has included physical therapy, Lidoderm patches, Zanaflex, Norco and Trazodone. Records indicate the injured worker has taken Norco since at least January 2015. The physician is requesting Norco 10-325mg #90. On 7-27-2015 the Utilization Review noncertified a request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria. Patient has noted objective improvement in pain and functional status on current medication regimen. There is appropriate documentation of monitoring. Patient has been stable on current regimen and documentation notes failure of prior weaning attempt. While weaning is, still recommended, continued opioid therapy is appropriate and medically necessary.