

Case Number:	CM15-0170002		
Date Assigned:	09/10/2015	Date of Injury:	11/14/2011
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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 37 year old female who sustained an industrial injury on 11-14-2011. According to a progress report dated 06-04-2015, the injured worker continued to have sharp pain in her low back going down her left leg. She had been to the emergency room on multiple occasions. Treatments have included physical therapy, acupuncture, chiropractic care, aquatic exercises and an epidural. There was no relief with the epidural. Although she had neck pain, her biggest complaint was low back pain going down her left leg. She continued to have constipation from her pain medications. Physical examination demonstrated low back tenderness. She could forward flex to her mid-calf. She had a positive straight leg raise on the left side. Diagnoses included cervicothoracic strain arthrosis, lumbosacral strain arthrosis, discopathy with neural encroachment at L4-5 and L5-S1 and constipation secondary to analgesic medication. The injured worker was currently not working. She had enough Hydrocodone, Flexeril and Colace. Authorization was being requested for referral to a spine specialist. The provider noted that hopefully the injured worker would be able to take less narcotics in the future. According to a progress report dated 07-09-2015, the provider noted that the injured worker was seen in the Emergency Department again. She was having paresthesias, which included the face. Objective findings were the same as the previous exam on 06-04-2015. The provider noted that the injured worker had enough Hydrocodone, Flexeril and Colace. She remained temporarily totally disabled. On 08-03-2015, Utilization Review non-certified the request for Flexeril 10 mg #30 and modified the request for Norco 5-325 mg #60. A urine drug screen performed on 05-07-2015 was consistent with use of Hydrocodone (Norco). This report was submitted for

review. Records submitted for review show use of Norco and Flexeril dating back to April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: The requested Norco 5/325mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain going down her left leg. She continued to have constipation from her pain medications. Physical examination demonstrated low back tenderness. She could forward flex to her mid-calf. She had a positive straight leg raise on the left side. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 5/325mg #60 is not medically necessary.