

Case Number:	CM15-0172963		
Date Assigned:	09/15/2015	Date of Injury:	02/26/2009
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/31/2015

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: Preventive Medicine, Occupational 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 65 year old male who sustained an industrial injury on 02-26-2009. Current diagnoses include status post lumbar spine surgery in 2011, lumbar spine radiculitis, and recurrent herniated nucleus pulposus L4-5 and annular tear L5-S1. Report dated 07-22-2015 noted that the injured worker presented with complaints that included back pain with radiation of pain to legs, left greater than right. Physical examination was positive for lumbar spine paraspinal muscle spasm, trigger points in right sciatic, left sciatic, iliac crest, lumbar paraspinals, decreased range of motion, reduced sensation in foot, and reduced ankle jerk. Previous diagnostic studies included an EMG-NCS. Previous treatments included medications, surgical intervention, and physical therapy. The treatment plan included continuing with present program, continue present medication regimen, refilled medications which included Norco, labs, and follow up in one month. Currently the injured worker is working. The injured worker has been prescribed Norco since at least 01-21-2015. Request for authorization dated 07-24-2015, included requests for Norco 5-325mg, #120 x1 month supply. The utilization review dated 07-29-2015, modified the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120 with 1 refill: 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, long-term assessment.

Decision rationale: MTUS Guidelines specifically state that if opioid use assists or is associated with returning to work than it is reasonable to continue the opioid. This individual meets this key Guideline criteria as long as work activities are maintained. In addition, there is adequate documentation that there is meaningful pain relief and a lack of drug related aberrant behaviors. Under these circumstances, the Norco 5/325mg, #120 with 1 refill is supported by Guidelines and is medically necessary.