

Case Number:	CM15-0173750		
Date Assigned:	09/15/2015	Date of Injury:	05/08/2013
Decision Date:	10/15/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/03/2015

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 58 year old female who sustained an industrial injury May 8, 2013. Diagnoses are degenerative lumbar-lumbosacral intervertebral disc; thoracic-lumbosacral neuritis, radiculitis unspecified; lumbar radiculopathy. On July 7, 2015, the injured worker underwent a lumbar epidural injection with intraoperative fluoroscopy. According to a supplemental pain management progress report dated July 29, 2015, the injured worker report improvement in her low back pain since her epidural injection. She experiences less pain, fewer episodes of severe pain, and enjoying increased range of motion. She reports taking Norco on an occasional basis particularly after work, when the pain is increased. Physical examination revealed; 5'4" and 180 pounds; normal gait moving easily off and on the examining table; very mild lumbosacral paraspinous tenderness, range of motion well tolerated and straight leg raises are negative. An on-line pharmacy report was obtained and shows no evidence of doctor shopping. At issue, is the request for authorization, dated July 30, 2015, for Norco 10-325mg, twice daily as needed for 30 days, quantity: 45. According to utilization review dated August 8, 2015, the request for Norco 10-325mg, twice daily as needed for 30 days, Quantity: 45 was modified to Norco 10-325mg Quantity: 22.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, twice daily as needed for 30 days Qty 45: 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.

Decision rationale: MTUS Guidelines have a subsection on when to continue opioids. In this subsection it is specifically mentioned that when opioids are utilized and the individual has returned to work, the opioid should be continued when it assists with this functional outcome. It is clearly documented that the opioid use is minimal and utilized on an as needed basis and assists with continued work functioning. Under these circumstances, the Norco 10/325 mg, twice daily as needed for 30 days Qty 45 is supported by Guidelines and is medically necessary.