

Case Number:	CM15-0174189		
Date Assigned:	09/16/2015	Date of Injury:	04/02/2004
Decision Date:	10/16/2015	UR Denial Date:	08/31/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on April 2, 2004. He reported low back pain and a tingling sensation in the right lower extremity. The injured worker was currently diagnosed as having backache not otherwise specified. Treatment to date has included medication, diagnostic studies, epidural steroid injections, heat, ice, chiropractic treatment and rollers. Epidural steroid injections were noted to not bring about "significant relief." On August 5, 2015, the injured worker complained of lower backache rated as an 8 on a 1-10 pain scale without medication and as a 4 on the pain scale with medication. His quality of sleep was noted to be poor. On the day of exam, notes stated that he was not trying any other therapies for pain relief. His activity level was reported to have remained the same. Notes stated that he was able to remain functional and perform activities of daily living with the aide of pain medications. His current medication regimen included Norco, Celebrex, Nortriptyline, Folic Acid, Methotrexate and Otezla. The treatment plan included Norco, Celebrex, discontinue Nortriptyline and start a trial of Ambien CR. On August 31, 2015, utilization review denied a request for Norco 10-325mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: 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 for chronic pain.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time as the pain goes from a 8/10 to a 4/10. There are objective measures of improvement of function or how Percocet improves activities in ADL and exercise. The work status is not mentioned. Therefore the request is medically necessary.