

Case Number:	CM15-0175006		
Date Assigned:	09/16/2015	Date of Injury:	02/01/2005
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60 year old male, who sustained an industrial injury on February 1, 2005, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease and lumbar spinal stenosis and cervical disc disease. Lumbar Magnetic Resonance Imaging revealed central canal stenosing and facet disease. Cervical Magnetic Resonance Imaging showed disc bulging and disc protrusion with marked impingement on the dural sac with deformity of the spinal cord. The injured worker had a history of cervical and lumbar spine discomfort. Treatment included pain medications, sleep aides, back brace, exercising and activity restrictions. Currently, the injured worker complained of persistent low back pain increased with sitting, standing walking, bending, and lifting interfering with his activities of daily living. He noted the pain radiated from the lower back into the groin and down the left lower extremity. He complained of neck pain radiating down into both arms. He had issues of loss of sleep and sexual dysfunction secondary to the chronic pain. The injured worker was diagnosed with degenerative arthritis of the cervical and lumbar spine. The treatment plan that was requested for authorization on August 31, 2015, included a prescription for Norco 10-325mg, #180. On August 18, 2015, the request for a prescription for Norco 10-325mg #180 was modified to a prescription for Norco 7.5-325 #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records and therefore is not medically necessary.