

Case Number:	CM15-0175152		
Date Assigned:	09/16/2015	Date of Injury:	02/04/2015
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
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 Jersey
 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 42 year old female with an industrial injury dated 02-04-2015. Review of medical records indicates she is being treated for low back pain. The provider documents she was last seen on 06-12-2015 with the diagnosis of lumbar pain. "Since the last visit there have not been any new injuries." She presented on 07-09-2015 stating "the pain is a 9-10 out of 10 all week this week." She cannot find relief. "Patient states the Norco is not strong enough and the Flexeril is not helping at all." Current medications are listed as Ibuprofen, Norco (documented in 02-07-2015 note), Soma, Effexor, Xanax and Flexeril. Physical exam noted moderate tenderness to palpation of the lumbar paraspinal. Lumbar range of motion was documented as 25% of normal. Progress note dated 06-12-2015 noted the injured worker had been to 6 sessions of physical therapy with minimal benefit. "She has significant muscle spasm and limited range of motion and significant pain." She was given prescriptions for Norco and Flexeril. Progress note dated 4-17-2015 noted complaints of back pain "with on and off associated numbness, tingling and weakness." The injured worker rated her pain as 8 out of 10. "The activities of daily living that are painful or difficult for this patient to perform include: dressing oneself, standing, sitting, walking, and driving." She was given a prescription for Norco and Soma. Prior treatment (documented in the 06-12-2015 note) included physical therapy (provided some relief the day of physical therapy), non-steroidal anti-inflammatory drugs, medications and activity modification. Work status was documented as "temporarily totally disabled." In the request for authorization dated 07-14-2015 Norco 10-325 mg # 60 was requested. On 08-10-2015 the request for retro Norco 10/325 mg (60 tabs) with 1 refill was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg (60 tabs) with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting in the documentation to show this full review regarding Norco use was completed in the past few appointments to help justify its continuation. Documentation stated that "the Norco is not strong enough." There was no specific mention of functional gains directly related to Norco use. Therefore, it cannot be considered medically necessary at this time.