

Case Number:	CM15-0177513		
Date Assigned:	09/18/2015	Date of Injury:	08/02/2007
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 47 year old male, who sustained an industrial injury on 8-2-07. The injured worker is undergoing treatment for low back pain, lumbar strain and mild depression. Medical records dated 8-12-15 through 8-19-15 indicate the injured worker complains of chronic back pain with exacerbation. Pain is rated 5 out of 10. He reports pain is 4 out of 10 at best and 9 out of 10 at worst. The note dated 8-19-15 indicates prior lab tests from 11, 2011, 12, 2012 3, 2013, 8, 2013 and 3, 2014 are consistent with prescribed medication. Physical exam dated 8-19-15 notes painful decreased lumbar range of motion (ROM). Treatment to date has included emergency department visit 8-12-15 with Morphine and Toradol injection, medication trials including Fentora, Ibuprofen, Norco, Valium and Lidoderm, physical therapy, acupuncture and chiropractic treatment. The original utilization review dated 8-28-15 indicates the request for Amitriptyline HCL 25mg #60 with 2 refills is certified and Norco 5-325mg #60 is non-certified noting lack of compliance drug screening and no indication why he could not use non-opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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, specific drug list.

Decision rationale: Per the MTUS guidelines, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. In this case, the injured worker has sustained an acute exacerbation requiring emergency room visit. This medication is not noted to be used chronically and was last refilled in December 2014. The request for Norco 5/325mg #60 to address the recent flare-up is supported. The request for Norco 5/325mg #60 is medically necessary and appropriate.