

Case Number:	CM15-0179295		
Date Assigned:	09/28/2015	Date of Injury:	05/01/2000
Decision Date:	11/04/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial injury on 05-01-2000. She has reported subsequent low back pain radiating to the bilateral lower extremities and was diagnosed with lumbar discopathy with disc displacement and lumbar radiculopathy. Treatment to date has included oral and topical pain medication. The only medical documentation submitted dated prior to the utilization review consists of physician progress reports dated 05-23-2015, 06-28-2015 and 08-01-2015. Documentation shows that Norco was prescribed at least since 05-23-2015. Medication was noted as being helpful in alleviating some of the pain however there was no documentation as to the duration of pain relief or any impact on the injured worker's quality of life or objective improvement of function. In a progress note dated 08-01-2015, the injured worker reported continued low back pain radiating to the bilateral lower extremities. The severity of pain was not rated. Objective examination findings revealed tenderness to palpation of the lumbar paraspinal musculature, decreased range of motion secondary to pain and stiffness, positive supine straight leg raise at 20 degrees bilaterally and diminished sensation to light touch and pinprick at bilateral L5 and S1 dermatomal distribution. Work status was documented as permanent and stationary. A request for authorization of Norco 10-325 mg #120 DOS: 08-18-2015 DS: 30 was submitted. As per the 08-25-2015 utilization review, the request for Norco was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 DOS: 8/18/15 DS: 30: 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.

Decision rationale: Norco 10/325mg #120 DOS: 8/18/15 DS: 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on opioids since at least May 2015 without significant objective evidence of increased function therefore the request for continued Norco is not medically necessary.