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| Case Number: | CM15-0024414 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 01/31/2014 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old female who reported an injury on 01/31/2014. The mechanism of injury was not provided. The surgical history was noncontributory. The diagnostic studies included x-rays. The documentation of 01/09/2015 revealed the injured worker underwent translaminal epidural steroid injections at L5-S1 on the left on 11/18/2014. The injured worker had low back pain with radiation to the lower extremities, left worse than right. The injured worker reported numbness in the feet, left worse than right. The injured worker indicated that Norco was not adequately managing her pain. The physical examination revealed the sensation was intact and the motor strength was intact. The injured worker had a positive straight leg raise both sitting and supine bilaterally. The diagnoses included lumbar spine sprain with radicular symptoms. The treatment plan included tramadol ER and Norco. The documentation indicated the physician had given the injured worker tramadol ER so that she could consume fewer Norco and yet get adequate pain coverage. The treatment plan included Norco 10/325 mg 1 tablet by mouth every 4 to 6 hours as needed for pain #150 with no refills. There was a request for authorization submitted for review dated 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, MTUS (Effective July 18, 2009); Weaning of Medications Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and there should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documentation, the request for Norco 10/325 mg #15 is not medically necessary.