

Case Number:	CM15-0061629		
Date Assigned:	04/07/2015	Date of Injury:	09/01/2008
Decision Date:	06/09/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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, New York
 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 55 year old male, who sustained an industrial injury on September 1, 2008. The mechanism of injury was not provided. The injured worker has been treated for back, low back and lumbar complaints. The diagnoses have included displacement of lumbar intervertebral disc, chronic pain syndrome, chronic discogenic lumbosacral spinal pain with associated disc annular disruption syndrome, comorbid facet mediated compromise and lower extremity neuropathic radiculopathy. Treatment to date has included medications, physical therapy and diagnostic testing. Current documentation dated March 18, 2015 notes that the injured worker reported back stiffness with radiation into the bilateral lower extremities. The back pain was characterized as aching, burning, spasming, shooting, sore, pressure, radiating and numbing. The pain was rated a four out of ten on the visual analogue scale. The injured worker also noted left shoulder pain related to a fall. Objective findings noted that the injured worker had an antalgic gait favoring the left side and shuffling of the right leg. The injured worker was noted to have some weakness of the lower extremities. Special orthopedic testing of the lumbar spine was noted to be positive. Shoulder examination revealed the left shoulder to be slightly warmer to touch and to have a painful and decreased range of motion. A left shoulder impingement sign was positive. The treating physician's plan of care included a request for the medication Norco 10/325 mg # 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78 - 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for an extended amount of time without objective documentation of the improvement in function. There is no documentation of two of the four A's of ongoing monitoring: physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screen results or drug contract documented. A urine drug was said to be consistent but actual results were not included. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is not considered medically unnecessary.