

Case Number:	CM15-0064166		
Date Assigned:	04/10/2015	Date of Injury:	02/11/2011
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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 39 year old male, who sustained an industrial injury on 2/11/2011. He reported low back pain. The injured worker was diagnosed as having low back pain, lower extremity radiculopathy, myofascial pain, chronic pain syndrome, lumbar disc pain, and lumbar spinal stenosis with neurologic claudication. Treatment to date has included medications, physical therapy, electrodiagnostic studies, epidural steroid injection, and massage. The request is for Norco 10/325mg #60. The records indicate he has been utilizing Norco for his breakthrough pain, since at least 9/2014. The records indicate he finds his medications to be helpful. On 12/8/2014, he is seen for low back pain. He rated his pain as 10/10 without medications. The treatment plan included continuing a home exercise program, and Norco. On 1/15/2015, he complains of low back and right leg pain. The treatment plan included lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 mg #60 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 long term Norco (since at least Sept. of 2014) without significant evidence of functional improvement, therefore the request for continued Norco is not medically necessary.