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| Case Number: | CM15-0064485 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 10/26/2010 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 04/06/2015 |
| Priority: | Standard | Application Received: | 04/05/2015 |

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: Internal Medicine, Rheumatology

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 48-year-old female, who sustained an industrial injury on 10/26/2010. She reported a twisting lifting back injury while assisting an individual transfer. Diagnoses include sacroiliitis, chronic pain syndrome, status post lumbar fusion in 2012, and neuropathic pain in bilateral lower extremities, depression and insomnia. Treatments to date include medication therapy, physical therapy and home exercise with use of a TENs unit. Currently, she complained of low back pain with radiation to bilateral lower extremities rated 4-5/10 VAS without medication and 2/10 VAS with medication. On 3/18/15, the physical examination documented tenderness to left sacroiliac joint, decreased lumbar range of motion and positive right side straight leg raise test. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 48 year old female has complained of low back pain since date of injury 10/26/10. She has been treated with TENS unit, physical therapy, lumbar spine surgery and medications to include opioids since at least 12/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.