

Case Number:	CM15-0068133		
Date Assigned:	04/15/2015	Date of Injury:	12/19/2001
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 36 year old male injured worker suffered an industrial injury on 12/19/2001. The diagnoses included lumbago, pain left foot, ankle pain, pain in the thoracic spine and knee pain. The injured worker had been treated with medications. On 2/20/2015 the treating provider reported the left foot pain level with medications was 1/10. The left foot was tender on range of motion. The lumbar spine was tender and reduced range of motion. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids.

The long term use of opioids also leads to testosterone imbalance, especially in a 36 year old male. The medical records note that multiple prior Utilization Review reports have allowed for modification to wean Norco. The long term use of Norco 10/325 mg #240 is not supported. The request for Prescription of Norco 10/325mg #240 is not medically necessary and appropriate.