

Case Number:	CM15-0073067		
Date Assigned:	04/23/2015	Date of Injury:	07/25/2011
Decision Date:	05/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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 59 year old female, who sustained an industrial injury on 7/25/2011. The current diagnoses are thoracic/lumbosacral neuritis, lumbar spinal stenosis with neurogenic claudication, acquired spondylolisthesis, and status post right-sided sacroiliac joint arthrodesis with instrumentation. According to the progress report dated 4/6/2015, the injured worker complains of new development of right lower extremity weakness at quad and hip flexors, poor balance, and problems with gait. The current medications are Butrans patch, Gabapentin, Norco, Cyclobenzaprine, Omeprazole, and Naproxen. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, and surgical intervention. The plan of care includes prescription refill for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 (prescribed on 2/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: This 59 year old female has complained of lower back pain since date of injury 7/25/11. She has been treated with surgery, physical therapy and medications to include opioids since at least 09/2014. The current request is for Norco 10/325 # 180 prescribed on 2/23/15. 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 10/325# 180 prescribed on 2/23/15 is not indicated as medically necessary.

Norco 10/325mg #180 (prescribed on 3/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: This 59 year old female has complained of lower back pain since date of injury 7/25/11. She has been treated with surgery, physical therapy and medications to include opioids since at least 09/2014. The current request is for Norco 10/325 # 180 prescribed on 3/25/15. 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 10/325# 180 prescribed on 3/25/15 is not indicated as medically necessary.