

Case Number:	CM15-0073126		
Date Assigned:	04/23/2015	Date of Injury:	07/20/2011
Decision Date:	05/20/2015	UR Denial Date:	04/16/2015
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: 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 37 year old female, who sustained an industrial injury on 7/20/2011. The current diagnoses are moderate-to-severe facet spondylosis of the lumbar spine at L5-S1, lumbar discogenic disease, probably degenerative disc disease, and right lower extremity radiculitis. According to the progress report dated 4/6/2015, the injured worker complains of constant, moderate-to-severe lower back pain which is located mainly on the right side of her lower back. She reports radiation of her pain to her right buttocks and right thigh associated with constant numbness and tingling in her right thigh and right foot. Additionally, she reports constant, moderate-to-severe right hip pain. The current medications are Norco, Zanaflex, and Naproxen. However, she has been taking Motrin, as the previous prescriptions were not authorized. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, electrodiagnostic testing, and consultations with specialists, lumbar support, lumbar discogram, injections, and epidural blocks. The plan of care includes prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Qty 180 Refills 2: Upheld

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

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

Decision rationale: Norco 10/325 Qty 180 Refills 2 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 no significant evidence of functional improvement or improvement in pain on prior Norco therefore the request for continued Norco use is not medically necessary.