

Case Number:	CM15-0073604		
Date Assigned:	04/23/2015	Date of Injury:	05/11/2010
Decision Date:	05/21/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/17/2015

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 47-year-old male, who sustained an industrial injury on May 11, 2010. He reported low back and lower extremity pain with associated tingling and numbness. The injured worker was diagnosed as having status post lumbar interbody fusion with decompression, right shoulder scope and discectomy. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine and right shoulder, conservative therapy, medications and work restrictions. Currently, the injured worker complains of low back pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 9, 2015, revealed an improvement in lower extremity pain and burning and continued low back pain and tenderness. Medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take 1tab every 5-6 hours as needed #60: 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 10/325mg take 1 tab every 5-6 hours as needed #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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 submitted does not reveal the above pain assessment or clear objective evidence functional improvement on opioids therefore the request for Norco is not medically necessary.