

Case Number:	CM15-0074078		
Date Assigned:	04/24/2015	Date of Injury:	02/16/2012
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
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: California
Certification(s)/Specialty: Emergency 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 53 year old female injured worker suffered an industrial injury on 02/16/2012. The diagnoses included lumbar radiculopathy and lumbar facet syndrome. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications, epidural steroid injections and functional restoration program. On 3/4/2015 the treating provider reported back pain radiating down the right leg rated as 4/10 with medications and without medications 7/10. On exam the lumbar spine had reduced range of motion and tenderness. 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:

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain, Recommendations for general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg, #180, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, the injured worker has back pain radiating down the right leg rated as 4/10 with medications and without medications 7/10. On exam the lumbar spine had reduced range of motion and tenderness. The criteria noted above not having been met, Norco 10/325mg, #180 is not medically necessary.