

Case Number:	CM15-0090936		
Date Assigned:	05/15/2015	Date of Injury:	02/20/1996
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 02/20/96. Initial complaints and diagnoses are not available. Treatments to date include 4 back surgeries, chiropractic treatments, physical therapy, pain medications, muscle relaxants, heat/cold, and bilateral sacroiliac joint and greater trochanter bursae injections. Current medications include Norco, Soma, Gabapentin, and Percocet. Diagnostic studies include a CT scan of the low back on 12/12/13 which showed post-surgical changes without evidence of hardware related complications and adjacent level degeneration below the fusion at L5-S1. Current complaints include low back, leg, hip, and buttocks pain. She was noted to be in a wheelchair on 03/04/15. Current diagnoses include failed back surgery syndrome, lumbar spine degenerative disc disease, lumbar spine myofascial pain, lumbar spine radiculopathy, and chronic pain syndrome. In a progress note dated 04/02/15 the treating provider reports the plan of care as a final prescription for Norco and Soma and he is returning the injured worker to her primary care physician as the recommended treatments are being denied by the claims administrator. The requested treatment is Norco. Per the notes, the injured worker has been on Norco since at least 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Norco 10/325 mg #90 is not medically necessary.