

Case Number:	CM15-0092045		
Date Assigned:	05/18/2015	Date of Injury:	05/23/2003
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an industrial injury to the low back and neck on 5/23/03. Previous treatment included magnetic resonance imaging, cold/heat, lumbar medial branch block, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4/15/15, the injured worker complained of on low back pain described as aching, cramping and spasmodic. The injured worker reported that her right sided low back pain was worse lately. The injured worker reported that pain medications helped her with 70% improvement of pain and function. The injured worker was tolerating her medications without difficulty or side effects except for some morning hypersomnience. Urine drug testing (3/6/15) was noted to be appropriate for prescribed drugs. Current diagnoses included Aspirin, Mobic, Neurontin, Nexium, Norco, Norvasc, Nuvigil, Estrogen, Lamotrigine, Loratidine and Magnesium Oxide. The injured worker had been prescribed Norco since at least 10/9/14. Past medical history included anxiety, bipolar disorder and chronic intractable pain. Current diagnoses included degenerative disc disease, myofascial pain, lumbar spine degenerative disc disease, sciatica, low back pain, arthritis of the back, knee pain and lumbar facet arthritis. The treatment plan included a repeat request for radiofrequency ablation and prescriptions for Norco and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets, unspecified dosage or quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco tablets, unspecified dosage or quantity, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. Unfortunately though, the current request is for Norco with no dosage, frequency of use, or duration of use specified. Guidelines do not support the open-ended application of any medication. Unfortunately, there is no provision to modify the current request. As such, the currently requested Norco tablets, unspecified dosage or quantity is not medically necessary.