

Case Number:	CM15-0099498		
Date Assigned:	06/02/2015	Date of Injury:	06/03/2011
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 58 year old male sustained an industrial injury to the low back on 5/27/11. Previous treatment included magnetic resonance imaging, lumbar discectomy, physical therapy, aqua therapy, medial branch block, epidural steroid injections, lumbar brace, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine showed facet arthropathy at all lumbar levels associated with mild retrolisthesis at L1-2 and 2-3. In a progress note dated 4/15/15, the injured worker complained of low back pain with intermittent burning leg pain and paresthesias rated 3/10 on the visual analog scale. The injured worker reported 70% improvement to pain following epidural steroid injections on 3/20/15. The injured worker stated that he had three weekly headaches this month. The injured worker reported taking 3-4 Norco with some relief that allowed for minimal activities of daily living. The injured worker stated that monthly B complex and Toradol assisted with range of motion and functionality as well as energy. Daily use of transcutaneous electrical nerve stimulator unit provided relief of pain and spasms. Current diagnoses included lumbago and sciatica. The treatment plan included prescriptions for medications (Frova, Cymbalta and Norco), continuing Zantac, discontinuing Tizanidine, resuming Ibuprofen, requesting surgical consultation, continuing transcutaneous electrical nerve stimulator unit and back support and scheduling aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

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 #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with intermittent burning leg pain and paresthesias rated 3/10 on the visual analog scale. The injured worker reported 70% improvement to pain following epidural steroid injections on 3/20/15. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #150 is not medically necessary.