

Case Number:	CM15-0099588		
Date Assigned:	06/02/2015	Date of Injury:	09/30/2013
Decision Date:	07/09/2015	UR Denial Date:	04/22/2015
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: 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:

The injured worker is a 38 year old male who sustained a work related injury September 30, 2013. While lifting a propane tank, weighing approximately 15 pounds from the ground to the back of a forklift, he felt a sudden onset of right low back pain. According to a primary treating physician's progress report, dated April 16, 2015, treatment summary to date included; physical therapy 13 visits, chiropractic care 2 visits, (1) sacroiliac joint injection, pain medication, (3) acupuncture visits, 5 physical therapy visits (none with manipulation), outside surgical opinion, orthopedic request discogram, physical therapy 2/2 visits, acupuncture 2/6, stopped, not approved and home TENS unit 3/11/2015. The injured worker complained of bilateral low back pain described as constant, moderate to severe, and cramping with bending or walking. There is mild right leg pain and weakness intermittently. He is using Norco every 6 hours and Naprosyn twice daily. Without the Norco the pain is rated 10/10. Physical examination revealed; 5'7" and 168 pounds, there is decreased range of motion of the lumbar spine, tenderness, bony tenderness, deformity (sacroiliac joints are malaligned and very tender), pain and spasm. Diagnoses are right sacroilitis; instability of the right sacroiliac joint; right sacroiliac joint pain; lumbar muscle strain. Treatment plan included advisement of light exercise and stretching, instructed in the use of ice/heat and ointments, stopped Naprosyn and may use over the counter medication, and discussion regarding prescription for Norco, refills, and urine random drug screens. At issue is the request for authorization for Norco. A progress report dated April 16, 2015 states that Norco reduces the patient's pain from 10/10 and allows the patient to do light activity around the house.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61.

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, 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, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.