

Case Number:	CM13-0019267		
Date Assigned:	12/13/2013	Date of Injury:	01/13/1998
Decision Date:	02/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64 year old male who sustained a work related injury on 11/1/200. He worked as a security guard and injured his back helping lift a person. He has a diagnosis of chronic low back pain. He is status post lumbar fusion and underwent an MRI of the lumbar spine on July 30, 2012 which revealed postsurgical changes involving L4, L5, and S1 both anteriorly and posteriorly as well as L4-5 and L5-S1 disc disease with degenerative changes. On exam he complains of back pain with range of motion. Treatment has included medical therapy and physical therapy. His treating physician has requested Norco 10/325mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The medical records provided for review indicate that the enrollee had been treated with opioid therapy with Norco for pain. Per the MTUS Chronic Pain Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain.

Guidelines indicate that the treatment of chronic pain with any opioid agent requires a review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation submitted for review, the claimant was recommended to wean off Norco in March 2013. He has not been provided Norco since May of 2013 and as of August 1, 2013, the patient reported only mild pain adequately controlled with the use of Neurontin. Reinitiation of opiates for mild pain would not be indicated. According to the MTUS Chronic Pain Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. Medical necessity for Norco 10/325 has not been established. The requested for Norco 10/325mg #120 is not medically necessary and appropriate.