

Case Number:	CM13-0024846		
Date Assigned:	03/26/2014	Date of Injury:	09/02/2005
Decision Date:	05/08/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 56-year-old male who reported injury on 09/02/2005. The mechanism of injury was not provided. Diagnoses include lumbar facet syndrome, lumbar radiculopathy, status post lumbar laminectomy syndrome, low back pain, hip pain, and lumbar spine stenosis. The medication history included Norco since 2010. The documentation of 12/10/2013 revealed the injured worker had low back pain. The pain level was unchanged. The injured worker noted no side effects to medications. The treatment plan included medication refills, trigger point injections, and continue Lyrica. The injured worker indicated that without his medications, he would be unable to sit for long periods of time and with his medications he is able to perform ADLs and help care for his grandchildren which involves some bending and lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG TABLETS 1 X 2 PER DAY, QTY: #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, subsection Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 & 78.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, and objective decrease in patient's pain and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 3 years. There was a lack of documentation of an objective decrease in pain and that the injured worker was being monitored for aberrant drug behavior. There was no documentation indicating the injured worker had objective improvement in function and was being monitored for side effects. Given the above, the request for Norco 10/325 tablets 1 x 2 per day, quantity 60, is not medically necessary.