

Case Number:	CM13-0037973		
Date Assigned:	12/18/2013	Date of Injury:	07/10/2000
Decision Date:	02/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/24/2013

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 Texas. 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 employee is a 62-year-old male who reported an injury on 05/30/1991 due to a trip and fall. The employee was initially treated conservatively with physical therapy and medications. As the employee had exhausted all conservative measures to include epidural steroid injections without any pain relief, he underwent a lumbar fusion surgery in 2001. The employee was treated postoperatively with physical therapy and pain management. The employee's most recent medications were noted to be Celebrex, fentanyl spray, Norco, Actiq, and methadone. The employee's most recent physical exam findings included increasing pain over the thoracic and lumbar spine with intermittent radicular complaints. The employee's diagnoses included post-laminectomy syndrome of the lumbar region, lumbago, thoracic lumbosacral neuritis/radiculitis, and cervicgia. The employee's treatment plan included continuation of medications, a home exercise program, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 1 tablet every four hours as needed, quantity 180, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): s 76-80.

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

Decision rationale: The clinical documentation submitted for review demonstrates that the employee has persistent and chronic low back pain that has been recalcitrant to all levels of treatment including conservative care and surgery. The records provided also indicate that the employee has been on opioid medication for an extended duration of time. The Chronic Pain Medical Treatment Guidelines recommend continued use of opioids in the management of a patient's chronic pain if supported by increased functional benefit, symptom response, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the employee is regularly monitored for aberrant behavior through urine drug screens. However, the clinical documentation submitted for review does not provide any evidence of significant pain relief or functional benefit related to the use of Norco. Therefore, continued use of this medication is not clinically indicated. The requested Norco 10/325 mg, 1 tablet every four hours as needed, quantity 180, 1 refill is not medically necessary and appropriate.