

Case Number:	CM13-0047615		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2011
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 48-year-old male who reported an injury on 09/22/2011. The mechanism of injury was not provided for review. The patient developed chronic low back pain. The patient was treated conservatively with physical therapy, medications, hot and cold applications, and epidural steroid injections. The patient's medication schedule included Norco 10/325 mg twice daily for breakthrough pain, Naprosyn 550 mg twice daily as an anti-inflammatory medication, and tizanidine for a muscle relaxer. The patient's most recent clinical examination revealed the patient had limited lumbar range of motion secondary to pain, facet joint tenderness, and disturbed sensation in the right L3 through S1 dermatomes with a positive straight leg raising test to the right. The patient's diagnoses included lumbar spine degenerative disc disease, bilateral sacroiliac joint arthropathy, lumbar spine spondylosis, and lumbosacral paraspinal muscle spasming. The patient's treatment plan included continuation of medications and evaluation for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On- Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends that opioids being used for the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient was monitored for aberrant behavior. Additionally, there was no documentation of a quantitative assessment of pain relief to support the efficacy of this medication. Also, the clinical documentation does not include any functional benefit related to medication usage. Therefore, continued use of the requested medication is not supported. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.