

Case Number:	CM13-0048280		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2001
Decision Date:	02/27/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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 Geriatrics 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 injured worker is a 55 year old man who was seen on 10/10/13 by his primary treating physician for 6-7/10 back pain with weakness in his legs and 6/10 hip pain. He is s/p numerous surgical and diagnostic procedures. He noted improvement with his medications and had recently undergone an SI joint injection. His medications included Norco, Nortriptyline, vitamins and Zanaflex. He has been intolerant of NSAIDS due to blood transfusions 'likely due to a GI bleed'. On physical exam, he was in no distress. He walked with an antalgic gait. Muscle strength in is lower extremities was normal and symmetric with no atrophy. Sensation was intact and reflexes were blunted and 1/4 in bilateral patella. He had decreased sensation over L5 and L4 dermatomes. He had pain with palpation of spine and positive straight leg raises. He is s/p L4-5 fusion with residua radicular symptoms down legs, bilateral shoulder pain due to impingement syndrome, facet arthropathy, LS spine, sacroiliac pathology. The medication refills were requested and he was to continue his home exercise program. At issue in this review is the prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 po q4 hours #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80.

Decision rationale: This 55 year old injured worker has chronic back pain and radicular symptoms. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. There is no objective documentation of increased functional level. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Norco is denied as not medically necessary.