

Case Number:	CM13-0061713		
Date Assigned:	12/30/2013	Date of Injury:	12/14/1996
Decision Date:	05/16/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology and Pain Medicine 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 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 62-year-old female who reported an injury on 12/14/1996. The mechanism of injury was not provided. The documentation of 09/30/2013 revealed that the injured worker was on Lyrica and Norco. The urine tox screen was appropriate. The diagnoses included failed back surgery syndrome status post 3 previous back surgeries, chronic low back pain with radiation down the right lower extremity with sensory radiculopathy and probable spinal stenosis with bilateral lower extremity neurogenic claudication. The treatment included Norco, of which she was averaging 6 per day. The injured worker did not have constipation. The injured worker denied sedation. The injured worker was taking Lyrica 75 mg twice a day to help with nerve-related pain symptomatology. The treatment plan included refilling medications, a routine drug screen and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and On-going management. Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain and objective improvement in function and documentation that the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated that the injured worker was being monitored for aberrant drug behavior and denied side effects. However, there was a lack of documentation of objective functional improvement and documentation of an objective pain decrease. Given the above, the prospective request for 1 prescription of Norco 7.5/325 mg #240 is not medically necessary.