

Case Number:	CM13-0066534		
Date Assigned:	01/03/2014	Date of Injury:	06/23/1997
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 is licensed to practice in 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 40 year old female with a history of a work injury in which she was struck by a garbage can on 06/23/97. She has chronic low back pain, failed back syndrome, myofascial pain and intervertebral disc disease. The records submitted do not indicate what type of treatment she has had for her pain other than medications and surgery. She has been maintained on pain medications including Norco and Soma for many months. A note from 11/08/13 indicates she had recurrent flare of her low back pain which she related to ADL's and cold weather. She was found to have hypertonicity of the lumbar musculature with spasms in the lumbosacral junction. At that time continuation of Norco and Soma was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The California MTUS guidelines recommend continuation of Opioids "a.) if the patient has returned to work or b.) if the patient has improved functioning and pain." The

MTUS discusses use of opioids related to chronic back pain. Opioids appear to be efficacious but limited, long-term efficacy (>16 weeks) is unclear, but appears limited. The records indicated the patients had a history of long-term use of Norco without any significant functional improvement. The records did not show any improvement in ADL's, reduction in work restrictions or significant pain relief as a result of the medication use. For these reasons, the continuation of Norco is not medically necessary.