

Case Number:	CM13-0069568		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2003
Decision Date:	05/29/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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 36-year-old male who reported an injury on 11/02/2003. The mechanism of injury was not stated. Current diagnoses include low back pain, lumbosacral neuritis, displacement of intervertebral disc, facet syndrome, and chronic pain syndrome. The injured worker was evaluated on 12/20/2013. The injured worker reported persistent lower back pain. Physical examination revealed painful range of motion of the lumbar spine, positive straight leg raising, and intact sensation. Treatment recommendations included a refill of current medications including Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be utilized until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. As per the documentation submitted, the injured worker has utilized Norco since 04/2013. Despite ongoing use of this medication, the injured worker continues to report persistent pain. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request for Norco is not medically necessary.