

Case Number:	CM13-0070395		
Date Assigned:	01/08/2014	Date of Injury:	11/05/1998
Decision Date:	06/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 59 year old male patient with an 11/05/1998 date of injury. The patient lifted a heavy box when he experienced sharp pain in his back, and was unable to function. On a 08/27/2013 office visit, he complained of pain rated 4-6/10. On a 07/25/2013 doctor's visit he reported low back pain with radiation to the left leg and occasionally to the right leg. The pain increased with prolonged sitting, respective bending, twisting. He also complained of right shoulder pain, neck pain with radiating to the upper extremities. Left ankle, and knee pain was increased by kneeling or prolonged standing or walking. Depression and anxiety is secondary to chronic pain. GI upset due to pain medication. Mid back pain compensatory is due to chronic low back pain. The patient indicated that without opioids his pain level would be 7-8/10, and with medication it is 4/10. Pain medications and opioids do help with activities of daily living. Adverse side effects include occasional loose stools, and constipation, nausea, which he managed with Pepto-Bismol and Prilosec. There was documentation of a previous adverse determination on 12/02/2013, when the request was modified to Norco 10/325 # 60 because medication was for night-time use only, 90 pills were not needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with chronic back pain, radiating to the lower extremities, and worsening with longer sitting, twisting. He also complained of right shoulder pain, radiating to the upper extremities. He was prescribed Norco 10/325 with other pain medications. He noted that he couldn't tolerate pain without opioid medication. Therefore, the request for Norco 10/325 #90 as submitted was not medically necessary.