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| Case Number: | CM14-0000939 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 09/03/2002 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Emergency Medicine 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 patient is a 56-year-old male who was injured on September 3, 2002 when he slipped and fell over a piece of plywood and injured his right shoulder and low back. The patient continues to experience right lower back pain with radiation down the right lower extremity. Physical examination showed right lumbar facet tenderness, decreased sensation to touch on the L5 distribution of the right leg, and weakness with dorsiflexion of the right great toe. Diagnoses included chronic pain syndrome, lumbar disc displacement with radiculitis, displacement of cervical intervertebral disc without myelopathy, and lumbar and cervical post-laminectomy syndrome. Prior treatments included medications, steroid injections, physical therapy, and surgery. Request for one prescription of Norco 10/325 # 30 with 2 refills was submitted on December 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #30 with 2 refills: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-Opioid analgesics, setting of specific functional goals, and Opioid contract with agreement for random drug testing. If analgesia is not obtained, Opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the Opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or (NSAIDs) non-steroidal anti-inflammatory drugs have failed. In this case the patient had signed a narcotic use contract and underwent urine drug testing. However, the patient has been taking Norco since at least December 2012 and analgesia had not been obtained. If analgesia is not obtained the Opioids should be discontinued. Therefore request for 1 prescription of Norco 10/325mg #30 with 2 refills is not medically necessary.