

Case Number:	CM14-0017890		
Date Assigned:	04/16/2014	Date of Injury:	10/30/1989
Decision Date:	05/12/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal 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 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 claimant is a 74 year old male who sustained an industrial injury on 10/18/1989. The mechanism of injury was not provided. His diagnoses include chronic low back pain, lumbar degenerative disc disease, pain related insomnia, and narcotic related constipation. He continues to complain of low back pain. The use of his medication (Norco 10/325mg) reduces his pain by 40%. Without medication his pain is described as 7/10, with medication 4/10. On exam he has tenderness to palpation throughout the lumbar spine and the right lumbar paraspinal region, with extension of tenderness into the right buttock and the area overlying the right SI joint. Straight leg raise is negative bilaterally. Finger to the floor distance is 6 inches. The treating provider has requested Norco 10325mg # 120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120 WITH 2 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Furthermore, the MTUS Guidelines state that there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. Based on the medical records provided for review the claimant failed a taper of Norco conducted in April, 2013. The patient did not feel his medications were covering his pain adequately at that time and his function with activities of daily living declined. The claimant has a signed pain contract and has not exhibited any aberrant behaviors regarding his medications. The documentation indicates that continued use of Norco is medically indicated and necessary for the treatment of the claimant's chronic pain condition. The request for Norco 10/325 mg, # 120, with two refills is medically necessary and appropriate.