

Case Number:	CM14-0122375		
Date Assigned:	08/06/2014	Date of Injury:	11/01/2005
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine 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:

The patient is a 42-year-old male with date of injury 11/01/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/09/2014, lists subjective complaints as severe back pain with radicular symptoms down the left leg. Objective findings include examination of the lumbar spine revealed limited range of motion. Palpation revealed rigidity in the lumbar trunk suggesting muscle spasm with loss of lordotic curvature. Patient's gait was antalgic. Deep tendon reflexes were +1 at the knees and ankles. Diagnosis are low back pain; status post laminectomy at L4-5 and L5-S1; and chronic back spasms. The patient has had multiple lumbar surgeries. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 6 months. According to recent records, the patient had been given a weaning dose of Norco on 05/22/2014. Medication in dispute is Norco 10/325mg, #140 as prescribed (SIG): one tablet every 4 to 6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Long Term Assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of Norco. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Norco is not medically necessary.