

Case Number:	CM14-0137503		
Date Assigned:	09/05/2014	Date of Injury:	10/05/1994
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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:

This is a 48-year old male patient who reported an industrial injury to his back on 10/5/1994, almost 20 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of ongoing low back pain radiating to the left lower extremity with numbness and tingling. The patient was reported to be status post two surgical interventions to the lumbar spine including a lumbar fusion performed in 1995. The recent MRI of the lumbar spine documented evidence of L4-L5 and L5-S1 degenerative disc disease, annular tear, and a herniated disk. The patient is been diagnosed with GERD. It was reported that the patient had been authorized to attend a multidisciplinary functional restoration program, but is been unable to do so due to reported family issues. Patient had an unsuccessful trial with a spinal cord stimulator. The objective findings on examination included tenderness to palpation to the paraspinal muscles over L4-L5 and L5-S1; restricted range of motion to the lumbar spine. The patient was prescribed Norco 7.5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325 Mg #60, as an Outpatient for Low Back Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 20 years ago and status postdate of surgery with a lumbar spine fusion. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #60 is not medically necessary.