

Case Number:	CM14-0138568		
Date Assigned:	09/05/2014	Date of Injury:	05/15/2007
Decision Date:	11/04/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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, has a subspecialty in Pulmonary Diseases 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 injured worker is a 30-year-old male who reported an injury on 05/15/2007. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar degenerative disc disease, hypertension, lumbosacral or thoracic neuritis or radiculitis, and myofascial pain. The injured worker's past treatments included a home exercise program, TENS unit, and medications. There were no relevant diagnostic testing or surgeries documented. On 06/18/2014, the injured worker reported continued pain in right lower back, neck, and mid back. He reported that he continued to find the medications helpful to control his pain and enable him to work. Upon physical examination, the injured worker was noted with tenderness to palpation to the thoracolumbar region. The injured worker's medications included Norco 10/325 mg, Naproxen 550 mg, Lido Pro, and Omeprazole 20 mg. The request was for Norco 10/325 mg. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #65: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: on-gmanagement, Page(s): 78-80.

Decision rationale: The request for Norco 10/325 mg #65 is not medically necessary. The California MTUS Guidelines may recommend ongoing opioid therapy for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include a quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitor of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The guidelines state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain. The patient has been using Norco since at least 04/2014, with no objective evidence of the efficacy of the medication. The injured worker did report that his pain continued to be controlled; however, there was no complete and thorough pain evaluation to include a quantified pain level. The documentation did not provide sufficient evidence of significant objective functional improvements since participating in physical therapy. Although the patient was documented to be working part time, there was no sufficient documented evidence of improved objective functional status and decreased pain. In the absence of documentation with sufficient evidence of significant objective functional improvements and a decrease in pain, the request is not supported. Additionally, as the request is written, there was no frequency provided. Therefore, the request is not medically necessary.