

Case Number:	CM14-0139543		
Date Assigned:	09/05/2014	Date of Injury:	03/07/2003
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation 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 69 year-old male who reported a work related injury on 03/07/2003 due to lifting a drum of orange concentrate and injuring his back. The diagnoses consist discogenic lumbar disease. A MRI was performed in April 2003 which revealed multi-level degenerative changes, mild central, foraminal, and lateral stenosis. The injured worker's past treatment has included medication, chiropractic care, and physical therapy. The prescribed medications included Norco, Baclofen, and Trazodone. The injured worker had a lumbar laminectomy 06/28/2005. Within the documentation provided for review the most recent clinical note was dated 08/24/2005. The request was for Norco 7.5/325mg #360. 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 7.5/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. 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 important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured workers most recent clinical note was dated 08/24/2005. The documentation does not provide up to date clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. As a result of the span of time that has passed since the previous clinical examination, the necessity for Norco 10/325mg #240 cannot be warranted. To accurately determine whether Norco is medically necessary an updated clinical examination has to be provided. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Norco, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Norco 10/325mg #240 is not medically necessary.