

Case Number:	CM14-0143767		
Date Assigned:	09/12/2014	Date of Injury:	09/24/1997
Decision Date:	11/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 47 year old male with a work injury dated 9/24/97. The diagnoses include lumbar spondylosis, postlaminectomy pain syndrome, and bilateral IT band inflammation. He is status post lumbar laminectomy with fusion in 1998. Under consideration are requests for Norco 10/325 mg, Quantity: 240 tablets. There is a 5/6/14 progress note that states that the patient is being seen for pain management. Patient is working full time as an electrician Patient's pain level has not increased since his last visit. Patient is being seen for pain management. Patient is working full time as an electrician. Patient's pain level has not changed since his last visit. Patient denies any recent trauma, injury or illnesses. A review of the patient's health and current CURES report 05/01/2014 is consistent with the patient's history for medications and provider. Patient's lower back pain continues especially after work. Patient denies any recent trauma, injury or illnesses. On examination the patient sits on the examining room table in no apparent distress. The patient was able to rise from a seated to a standing position without difficulty. Patient is alert, awake and oriented to time, person and place. Patient's gait was within normal limits. The patient has tenderness over the iliolumbar area and bony prominence over the left lateral process L4/L5. Patient had iliolumbar tenderness with flexion at the waist to knee and on extension. The treatment plan was to continue Norco. Physical Therapy was pending for increased low back pain. Per documentation a progress report on 07/22/2014 stated the patient had complaints of lower back and bilateral lower extremity pain. Physical examination revealed tenderness over the iliolumbar area and bony prominence over the left lateral process at L4-5 and tenderness upon flexion and extension. Treatment recommendations at that time included continuation of the current medication regimen and physical therapy twice per week for 4 weeks for increasing lower back 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, QTY: 240 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325 mg, Quantity: 240 tablets are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient continues to have pain and no significant change in function despite long term opioid use. The MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; 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. In the absence of significant relief from Norco and without clear documentation of the above findings, the request for Norco is not medically necessary.