

Case Number:	CM14-0155612		
Date Assigned:	09/25/2014	Date of Injury:	09/01/1999
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 55-year old male presenting with chronic pain following a work related injury on 09/01/1999. The claimant complained of back pain. The physical exam showed moderate lumbar spasm, painful motion, tenderness at the lumbar paraspinals, painful buttock, pain over the L4-5 and L5-S1 facet joints exacerbated with extension, lateral bending. The claimant's medications included Gabapentin, Oxycontin, Tramadol, MS Contin, Norco, Baclofen and Doxepin. The claimant was diagnosed with chronic pain syndrome, disorders of bursa and tendons in the shoulder region, chronic pain due to trauma, other congenital anomalies of aorta, radiculopathy thoracic, or lumbosacral, lumbar sprain or strain, myalgia and myositis, spondylosis, lumbar without myelopathy, insomnia, radiculopathy cervical alcoholism, arthropathy, facet arthropathy cervical strain, degenerative disc disease cervical, disturbance of skin sensation, low back pain, COAT and neck pain. A claim was made for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 175: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 79.

Decision rationale: Norco 10mg-325mg #175 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.