

Case Number:	CM14-0155980		
Date Assigned:	09/25/2014	Date of Injury:	09/08/2004
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
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 Internal Medicine and is licensed to practice in New York. 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 58 year old man with a date of injury of 9/8/04. He was seen by his primary treating physician on 7/14/14. He had chronic neck, shoulder and low back pain. His exam showed he could ambulate without an assistive device. He had no clonus. He had diminished shoulder range of motion and his straight leg raise aggravated low back pain with tight hamstrings. His current medications were Norco, methadone, valium and levothyroxine. His diagnoses included chronic pain disorder, history of left shoulder surgery with adhesive capsulitis, right shoulder pain-impingement, neck pain with multilevel degeneration and stenosis and multilevel lumbar degenerative disc disease - foraminal stenosis. His urine toxicology screen showed a trace amount of morphine (which he took from left over pills). At issue in this review is the refill of Norco. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg, #100: 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): 74-80.

Decision rationale: This 58 year old injured worker has chronic back pain with an injury sustained in 2004. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and muscle relaxants. In opioid use ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Norco is denied as not medically necessary.