

Case Number:	CM14-0169881		
Date Assigned:	10/20/2014	Date of Injury:	08/17/2009
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 43 year old man with a date of injury on 8/17/2009. On 12/18/2013 he was rear-ended while making a left turn. He suffered back pain for which he had a lumbar fusion at L5-S1. He performs home exercises. A physical exam was noted for restricted lumbar range of motion, normal strength at 5/5 and diminished sensation at the left S1 dermatome. Patellar deep tendon reflexes (DTRs) are normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/32 #120 1 tab po q4-6 hours pm pain (2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids for chronic pain Page(s): 91, 80-81.

Decision rationale: Norco is hydrocodone with acetaminophen and is indicated for moderate to moderately severe pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) (as suggested by the [REDACTED] step-wise algorithm). When these drugs do not

satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. This worker has chronic lumbar pain and has been prescribed opioids. However, there is no evidence that his pain has been lessened, that his functionality has improved, that his medications have been decreased, and that his ability to work has increased. The request is not medically necessary.