

Case Number:	CM14-0171772		
Date Assigned:	10/23/2014	Date of Injury:	03/07/2003
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 & 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 69 year old male who had a work injury dated 3/7/03. The diagnoses include degeneration of lumbar or lumbosacral intervertebral disc; post laminectomy syndrome, lumbar region. Under consideration are requests for 1 Prescription of Norco 10/325mg #372. There is a 9/15/14 progress note that states that the patient state that since increasing Norco to 20 mg every 4 hr, he has been much more active and pain controlled. He is alert and oriented and not acutely distressed. The patient has pleasant affect and speech appropriate. He stands upright and walks without list. The treatment plan includes increase Norco Tablet, 10/325mg tablet as needed, orally, every 4 hrs, 31 days, 372 Tablet. Per progress note dated 8/18/2014 the patient was unable to wean Norco any further. Objective findings included moderate distress, walking with a cane, and staining listed forward. The patient was given a diagnosis of degeneration of the lumbar or lumbosacral intervertebral disc.

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 #372: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for 1 Prescription of Norco 10/325mg #372 is not medically necessary.