

Case Number:	CM14-0171945		
Date Assigned:	10/23/2014	Date of Injury:	01/08/1997
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
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 Family Medicine and is licensed to practice in California. 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 56-year-old male who sustained an industrial injury on January 8, 1997. He injured his back while lifting a ladder. The injured worker is diagnosed with chronic pain syndrome, lumbar degenerative disc disease, myofascial pain syndrome, cervicgia, intermittent cervical radiculitis, cervical myofascial pain syndrome with trigger points, and insomnia secondary to chronic pain. Utilization review dated September 30, 2014 non-certified the request for Norco 10/325 mg #120 with one refill, and certified Neurontin 300 mg #270 with two refills. On the prior peer review, September 22, 2014 report was reviewed at which time it as noted that the injured worker is complaining of low back pain with radiation which has been worse over the past month. Acupuncture was not helpful. The injured worker also has neck pain with radiation. Medications are helping reduce the injured worker's pain. Pain is rated 6/10. The prior peer reviewer noted that the injured worker notes the medications are helping to reduce his pain. However, there was no explicit documentation of functional improvement from its continued use. It was further noted that the this medication was authorized for #60 on June 13, 2014 which would have provided ample time to document derived functional benefits or to initiate a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/32mg, #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, Opioids

Decision rationale: The medical necessity of Norco has not been established. Evidence-based guidelines do not recommend long term use of opioid medications for nonmalignant pain. Furthermore, long-term use of opioids leads to dependence and tolerance. In addition, chronic use of opioids leads to testosterone imbalance in men. There is also no indication that this medication has provided specific objective functional improvement. As such, the request for Norco 10/325 mg #120 with one refill is not medically necessary.