

Case Number:	CM14-0181076		
Date Assigned:	11/05/2014	Date of Injury:	08/29/2007
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 57 year old man with a date of injury of 8/29/07. He was seen by his pain management provider on 10/3/14 with complaints of low back and neck pain. He is status post lumbar laminectomy. His pain with medications is 6/10 and the medications are reported to help him with his activities of daily living and he denied side effects. His medications included Norco and ibuprofen. His cervical exam showed tenderness and tightness in the right trapezius with a negative Spurling's and 30% extension restriction. His lumbar exam showed tenderness and tightness across the lumbosacral area with a positive straight leg raise and 70% flexion limitation and 100% lateral bending limitation. His motor exam was 5/5 in all major muscle groups. His diagnoses were failed low back pain syndrome, right lumbar radiculopathy, lumbar facet osteoarthritis, cervical sprain/strain and degenerative disc disease. At issue in this review is the request for a refill of Norco. Length of prior prescription 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:

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 57 year old injured worker has chronic back pain with an injury sustained in 2007. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The MD visit of 10/3/14 fails to document any significant improvement in pain or functional status specifically related to the opioids vs. the NSAIDs he uses. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not medically necessary.