

Case Number:	CM14-0185142		
Date Assigned:	11/13/2014	Date of Injury:	11/01/2000
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This injured worker's date of injury is 11/01/2000. This patient receives treatment for chronic back pain with radiation down the legs accompanied with numbness and tingling. The treating physician notes that activity and walking trigger back pain. Documentation regarding the original injury was not provided. The patient underwent surgery and had a lumbar spinal fusion. On exam there was tenderness on palpation from L4-S1. The lumbar spine ROM was reduced moderately due to pain. Medications used include Butrans patch, gabapentin, Lyrica, doxepin, MS Contin and Norco. Patient had a trial of a lumbar spine stimulator. The patient's diagnoses include: lumbar spine fusion surgery, "Failed Back," chronic pain syndrome, insomnia, and opioid dependency.

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 Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient has been treated for low back and "Failed Back" after lumbar fusion surgery for many years. Opioids when used to treat chronic low back pain are best employed for the short term management of low back pain flairs. According to a number of well designed clinical studies, opioids used in the treatment for chronic low back pain frequently do not control the pain well and do not lead to improvement in function. The documentation in this case does not show either adequate pain relief or any measures of improvement in functioning. When opioids are used to treat chronic low back pain, documentation is needed regarding appropriate medication use, measures of functioning, and any side effects. This data is not well described in the documentation. Norco is not medically indicated. The request is not medically necessary and appropriate.