

Case Number:	CM14-0022108		
Date Assigned:	05/09/2014	Date of Injury:	06/15/1998
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient is a 62 year old woman who was injured at work on 6/15/1998. The injury was to her low back. She is requesting review of a denial for the chronic use of Norco for her pain. A review of her medical records is notable for the treatment of chronic low back pain. She has undergone treatment with the following modalities: epidural steroid injections, trigger point injections, muscle relaxants, and opioids. Diagnoses include the following: Lumbar Radiculopathy, Lumbar Degenerative Disc Disease, and Low Back Pain. The patient had a prior request for Norco that was modified to approve initiation of a weaning program for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

Decision rationale: The Chronic Pain Medical Treatment Guidelines provides criteria for the use of chronic opioid therapy. For this patient's chronic back pain, these guidelines state that

while opioids are effective for short-term pain relief, "long-term efficacy is unclear (>16 weeks), but also appears limited." These guidelines also require "ongoing review and documentation of pain relief, functional status, and appropriate medication use." The documentation available for review does not identify measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. Finally, the records indicate efforts to support a weaning program for the use of Norco; however, there is insufficient documentation on the outcome of this intervention. Based on these findings, the request for Norco is not medically necessary.