

Case Number:	CM14-0022359		
Date Assigned:	05/09/2014	Date of Injury:	08/30/2002
Decision Date:	08/05/2014	UR Denial Date:	02/06/2014
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 Occupational 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 is a 54-year-old male patient with a date of injury of 8/30/02. The mechanism of injury occurred when the patient slipped while coming down a ladder. On 12/11/13, he complained of continuing low back pain, rated 6/10. On lumbar exam there was documented spasm, restricted range of motion, bilateral leg motor weakness, and decreased sensation at L4-S1. The diagnostic impression is status post multiple back surgeries and chronic residual pain. Treatment to date: surgery, medication management, TENS unit, home exercise. A utilization review decision dated 2/6/14, denied the request for Norco. Guidelines support continuing opioid use if the patient has returned to work or if the patient has improved pain and functioning. There is no documentation of a return to work or other functional improvement attributed to ongoing opioid use. The request was modified from Norco #180 to #120 to allow for weaning the patient off opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of Norco. There is no documentation of lack of adverse side effects or aberrant behavior. There is no noted CURES Report or an opiate pain contract. In addition, the UR review modified the Norco from #180 to #120, to allow for a tapering off of the Norco. Therefore, the request for Norco 10/325mg #180 was not medically necessary.