

Case Number:	CM14-0025154		
Date Assigned:	06/11/2014	Date of Injury:	08/31/1988
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 64-year-old who suffered work related injuries on August 31, 1988. No documentation of mechanism of injury. The injured worker ended up having surgery on his back the year of his injury in 1988. Current status, he has chronic pain. Pain is a 6/10 on a usual day if he moved too much the pain went up to 8-9/10 it goes up to 8-9 once or twice a week. He had limitations of activity due to the back pain. Medications, Norco 10/325 he takes varying amounts depending on activity, two to four tablets a day. Skelaxin 800mg for muscle spasm he takes three times a day. Arthrotec 75mg he takes twice a day. Medications keeps the pain level down to 6 when he uses it, he was not over sedated with that level and could tolerate the pain. Physical examination tender right sacroiliac joint. Scar in the low back. Straight leg raise to 45 degrees. Sensation was intact. Reflexes were 2+ and symmetrical lower extremities. Calf muscle bilaterally showed mild atrophy. No documentation of functional improvement, or reduction in pain. No opioid contract. Diagnoses is chronic back pain. Post-laminectomy syndrome. Request was for Norco 10/325mg #120 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 120 COUNT WITH THREE REFILLS: Upheld

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

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

Decision rationale: The clinical documentation submitted does not support the request for Norco. There is no documentation of functional improvement, or reduction in pain. No opioid contract. Chronic Pain Medical Treatment Guidelines note that long term use of opioid in the treatment of chronic pain must have documented sustained functional improvement and pain reduction. The request for norco 10/325 mg, 120 count with three refills, is not medically necessary or appropriate.