

Case Number:	CM14-0027569		
Date Assigned:	06/13/2014	Date of Injury:	01/05/2007
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 33 year old male who sustained an injury on 01/05/07 while unloading a truck with a pallet jack. The injured worker stated he felt a pull in the low back followed by development of low back pain. The injured worker had prior surgical intervention for the lumbar spine including laminectomy and discectomy at L4-5 in March of 2007. The injured worker was followed by a treating physician for pain management. Medications included Norco which was reported as beneficial in regards to pain. The injured worker was seen in January of 2014 with continuing complaints of chronic low back pain radiating rating 7/10 on visual analog scale. Other medications included Prilosec. On physical examination the injured worker demonstrated continued tenderness to palpation in the lumbar spine. Straight leg raise was positive bilaterally at 35 degrees. The injured worker had persistent low back pain despite medications for pain control. Norco was refilled at this visit and MRI of the lumbar spine was recommended. Urine drug screen findings to date were positive for hydrocodone. The requested Norco 10/325mg #60 was denied by utilization review on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. The use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. There is insufficient evidence in the records that long term use of narcotic medications results in any functional improvement. The records provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The records also did not include any compliance measures such as long term opiate risk assessments to determine risk stratification. This would be indicated for Norco given the long term use of this medication. This request is not medically necessary.