

Case Number:	CM14-0028221		
Date Assigned:	06/16/2014	Date of Injury:	06/07/2004
Decision Date:	08/12/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 52-year-old male with a reported date of injury on 06/07/2004. The mechanism of injury was reportedly caused by lifting and carrying heavy buckets. The injured worker presented with low back pain with on and off radicular symptoms down the legs, neck pain, with intermittent pain radiating into both arms. An unofficial MRI in 2005 revealed disc protrusions at L4-5. The injured worker underwent lumbar spine surgery in 04/2005. Previous conservative care included chiropractic care, physical therapy, and psychotherapy for depression. The clinical documentation indicates the injured worker was working full time. The MRI dated 01/2008 revealed fibrosis/scar in the left lateral recess adjacent to the origin of the left L5 nerve root, L3-4 and L4-5 degenerative disc disease. In addition, the clinical note dated 03/18/2014 indicates the injured worker has decreased his pain medication. The injured worker's diagnoses include chronic pain syndrome, postlaminectomy syndrome, lumbar laminectomy syndrome, and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker's medication regimen included Norco and tramadol. The request for authorization for Norco 10/325 mg #120 with 3 refills was submitted on 03/05/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing management of opiates should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines recommend the continuing review of overall situation with regard to non-opiate means of pain control. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to 09/10/2013. The clinical note dated 03/18/2014 indicates the injured worker is trying to decrease his opioid intake and at that time was taking 4 Norco per day. According to the clinical documentation dated 09/10/2013, the injured worker was utilizing 1 or 2 tablets per day. There is a lack of documentation related to the functional and therapeutic benefit in the long-term utilization of Norco. In addition, the clinical information provided for review indicates the injured worker's is attempting to decrease pain medication. Therefore, the request for Norco 10/325mg, #120 with 3 refills is non-certified.