

Case Number:	CM14-0038038		
Date Assigned:	07/23/2014	Date of Injury:	07/23/2007
Decision Date:	08/27/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This injured worker's date of injury is 07/23/2007. Medical records regarding the original injury in 2007 were not provided. The treating physician is treating the patient for chronic low back pain and this includes these diagnoses: lumbago, lumbar disc displacement with myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, and thoracic region sprain. A lumbar MRI showed no significant disc bulging. The treating provided stated in the note dated 02/18/2014 that pain in the shoulder region is unchanged. The functional status is unchanged. Patient transferred from the seated position with difficulty but the gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

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

Decision rationale: This patient has chronic low back pain since 2007. Because chronic opioid use can lead to abuse, tolerance, addiction, and behavior abnormalities, proper monitoring and documentation are required. Measuring and documenting functional improvement is necessary.

Documenting adverse effects is required. Screening for drug abuse is needed. Efforts to taper and stop the opioids must be documented. Based on the documentation Norco 10/325mg is not medically necessary.