

Case Number:	CM14-0044351		
Date Assigned:	06/20/2014	Date of Injury:	11/10/2006
Decision Date:	09/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pain Management 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 61-year-old male who sustained chronic neck and back pain due to work-related injuries on November 10, 2006. On September 24, 2013, the injured worker complained of continued neck pain and slight increase in his back pain. On examination of his cervical spine, palpable twitch positive trigger points were noted in the muscles of the head and neck. Lumbar spine examination revealed positive bilateral straight leg raising test, tenderness over the intervertebral space, palpable twitch positive trigger points over the paraspinal muscles, and restricted range of motion. The injured worker returned on October 22, 2013 with complaint of increased low back pain that radiated to his buttocks and occasionally to his hips. On November 19, 2013, the injured worker complained of continued pain but had the worst low back pain that radiated to his extremities. In his follow-up visits from December 17, 2013 to March 11, 2014, the injured worker reported continued and unchanged pain to the neck, back and extremities pain. The injured worker's examination findings remained the same throughout this period. The injured worker's current medications included Ativan, Vitamins D3 and E, multivitamin, Restoril, amitriptyline, Prilosec, Baclofen, and Norco. He reported that he had been taking his medications as directed which had been helpful in keeping him functional. The treating physician noted that there was no evidence of impairment, abuse, diversion, or hoarding. Laboratory exams done on November 21, 2013 and March 13, 2014 showed consistency with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 tab three times a day PRN (as needed) for 30 days count #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list Page(s): 76-80,88-89,91.

Decision rationale: Subjectively, the injured work reports that medications are helpful in keeping him functional; however, this does not justify the necessity for continued use. Also, without proper documentation of quantitative and duration of reduction in pain level, as well as evidence of increased level of functionality, then satisfactory response with opioid therapy was therefore not achieved. The Chronic Pain Medical Treatment Guidelines state, that measures of pain assessment that allow for evaluation of the efficacy of opioids, and whether their use should be maintained include current pain, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. With that, the medical necessity for this medication is not established.