

Case Number:	CM14-0045719		
Date Assigned:	07/11/2014	Date of Injury:	04/29/1999
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Geriatrics and is licensed to practice in New York. 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 47 year old man with a date of injury of 4/29/99. He was seen by his physician on 3/3/14 for low back pain that radiates to his legs. He requested refill of his Norco and was also taking Ibuprofen as needed. He reported that the medications reduce his pain and improve function and denied significant side effects. Prior urine drug screens were consistent with his medications. His pain has been treated with: ice, heat, rest, massage, and stretching with little help. His musculoskeletal exam showed mild loss of lumbar lordosis with flexion and extension 60% of expected range of motion. He had tender trigger points in the low lumbar and thoracic areas bilaterally with tenderness over the lower facet joints. His neurologic exam was normal. His diagnoses included lumbosacral spondylosis without myelopathy, lumbar disc disease, spinal stenosis, lumbar region, and depression with mixed anxiety. At issue in this review is the prescription for Norco. Length of prior therapy is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg tablet, 1-2 tablets PO every four hours times 240 pieces with two refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has chronic back pain with an injury sustained in 1999. His medical course has included numerous treatment modalities including: surgery and long-term use of several medications including narcotics and non-steroidal anti-inflammatory drug (NSAIDs). In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The office visit of 3/14 fails to document any significant improvement in pain to justify long-term use. Norco is not medically necessary.