

Case Number:	CM14-0051293		
Date Assigned:	06/23/2014	Date of Injury:	05/03/2007
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 37-year-old woman who sustained a work-related injury on May 3, 2007. Subsequently she developed chronic back pain. According to a note dated on February 6, 2014, the patient was complaining of back pain and and depression and anxiety. Her physical examination demonstrated lumbosacral tenderness with reduced range of motion. Her diagnosis includes postlaminectomy syndrome, chronic pain syndrome and lumbar sprain. The patient was treated with acupuncture and pain medications including Norco. Norco was using at least since Norco and there is no continuous documentation of its efficacy and patient compliance. The provider requested authorization to continue using Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to the patient file, he continued to have severe back pain despite the use of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. The patient was on Norco since 2013 without documentation that the drug was prescribed by a single practitioner. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of NORCO 10/325 # 80 is not medically necessary at this time and the patient should be slowly weaned from Norco. The request is not medically necessary.