

Case Number:	CM14-0052411		
Date Assigned:	07/09/2014	Date of Injury:	06/22/2005
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 6/22/05. He was seen by his physician on 3/7/14 for medication management. He had been using Norco 10/325 once daily and Gabapentin 800mg twice daily. He was concerned with constipation and the effects of medications on his liver. His pain reduction was said to be 35-40% with Norco and he is able to walk more easily. His diagnoses included low back pain/sciatica/radiculopathy right > left status post decompression and fusion L4-S1 with hardware removal a year later. At issue in this review is the refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #7 with Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: This 47 year old injured worker has chronic back pain with an injury sustained in 2005. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In

opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit on 2/14 fails to document significant improvement in pain and the long-term efficacy of opioids for chronic back pain is unclear but appears limited. He is also already taking Gabapentin targeting his radiculopathy and neuropathic pain. The medical necessity of Norco is not substantiated in the medical records. Therefore, this request is not medically necessary.