

Case Number:	CM14-0057625		
Date Assigned:	07/09/2014	Date of Injury:	08/10/2012
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presents with chronic back pain following a work related injury on 08/10/2012. On 03/04/2014, the claimant complained of low back pain with pain radiating down the lower extremities. The claimant reported that this was more stable at that time. The claimant also reported that the back pain was most prominent and the pain that radiated down the lower extremities was mainly on the left side in the front of the thigh. The physical exam showed that there were tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions, as well as back pain on range of motion, the facet maneuver was equivocal. The claimant was diagnosed with discogenic and myofascial low back pain and L3-4 through L5-S1 multilevel degenerative disc dessication and narrowing with annular tears. The claimant's medications included Mobic, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic and myofascial low back pain and L3-4 and L5-S1 multilevel degenerative disc desiccation and narrowing with annular tears). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #100 is not medically necessary.