

Case Number:	CM14-0065780		
Date Assigned:	07/11/2014	Date of Injury:	09/24/1997
Decision Date:	09/16/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/08/2014

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 Medicine and is licensed to practice in Texas. 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 male who had a work related injury on 09/24/97. The mechanism of injury was not documented. He was treated for post-laminectomy syndrome. He had fusion in 1998 and continued low back and bilateral leg pain. He used Norco, Soma, and Lidoderm patches. He has been on these medications since 2013. Clinical note dated 02/07/2014 reported increased low back pain for past eight months. He denied weakness but had numbness in his feet. It became progressively worse in the past month. He had positive straight leg raise test and good range of motion with tenderness at the facets. He had mild weakness and decreased sensation. Office note dated 03/06/14 noted the injured worker used narcotics for activities of daily living and pain management tier. Continued use of narcotics was discussed with the claimant when he signed a drug contract. Drug screen test was ordered. On physical examination, he had tenderness and was in no apparent distress. There was no neurological deficit. He was given a refill of Norco and prescription for physical therapy. There was no clinical documentation of functional improvement, VAS scores with and without medication. Prior utilization review on 04/09/14 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, two (2) by mouth every six (6) hours #240 with No Refills: Upheld

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

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

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.