

Case Number:	CM14-0072670		
Date Assigned:	07/16/2014	Date of Injury:	11/03/2008
Decision Date:	09/19/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 38 year old male with an injury date of 11/03/08. The 03/27/14 treatment report by [REDACTED], D.O., states that the patient presents with lower back pain. His pain is pulsing and it worsens in cold weather. The patient is currently taking Norco 10-325 MG Tablet 1 tablet as needed every 6 hours. Other medications are unknown as the reports state only that the medication list was reviewed and reconciled with the patient. The 03/27/14 treatment report states that patient's diagnoses include the following: 1. Lumbago 2. Pain in soft tissues of limb 3. Unspecified neuralgia, neuritis, and radiculitis 4. Postlaminectomy syndrome. Lumbar region (L4-S1 fusion 11/03/09). The utilization review being challenged is dated 04/15/14. The rationale is that the treater's request for Norco 10/325 mg #60 requested quantity of 3 was modified to an authorized quantity of 1. The action was taken due to inadequate information about weaning the patient from the drug. Dr. [REDACTED] is requesting for the following: Norco 10/325 MG #150 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: According the 03/27/14 treatment report by Dr. [REDACTED], the patient presents with lower back pain. The treater is requesting for Norco 10/325 mg. #60 with 2 refills. The 04/15/14 utilization review states this request was modified to no refills. MTUS pages 88, 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. A review of the medical reports dating from 01/30/14 to 04/09/14 indicate that patient was taking Norco before 01/30/14. No discussion was provided regarding how Norco has been helpful in terms of decreased pain or functional improvement. In addition, no discussion was provided in the treatment reports about a treatment program to wean the patient from long term use of opioids. There is a lack of documentation demonstrating efficacy for chronic opioid use. Recommendation is for denial.