

Case Number:	CM14-0089199		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2004
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This 38 year old man was injured approximately a decade ago, 9/20/2004, working construction and carrying buckets filled with grout; he has been treated for chronic low back pain with radiation down the right leg. He is requesting an appeal of the 6/4/14 denial of Norco 10mg/325mg - #180. He notes on his May 2014 visit that pain had increased, but he also had a non-occupational chest injury/strain at the time. His doctor reports that the medication helps him and give him constipation as a side effect. In addition to Norco, he is on Oxycontin, Provigil, Viagra (for ED reportedly present since injury), Gabapentin (for neuropathic pain) , Senna (for opioid side effects), Colace (for opioid side effects) and Ambien. He has had multiple transforaminal epidural steroid injections in 2008-2014 (last 3/28/14) and lumbar medial branch block in 2009 without improvement. Benzodiazepines were seen in his urine screens 7/21/10 and 3/2/2011 (unprescribed). He is prescribed Oxycontin for long-acting pain control and Norco for breakthrough pain control as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid - Criteria for use Page(s): 78-80.

Decision rationale: The patient's medication regimen is reportedly able to keep him independent in self-care doing daily chores, and helping run errands for his parents. However, there has not been documentation of increased function, such as return to work (one of the indicators for continuing narcotics). Opioids are to be continued if there is return to work, and improvement in function and pain. This has not been evidenced. He has had at least two "slips" with benzodiazepines in the past, which in combination with opiates, can be potentially fatal. The Norco is not medically necessary.