

Case Number:	CM13-0017301		
Date Assigned:	03/03/2014	Date of Injury:	12/27/2001
Decision Date:	01/26/2015	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice and is licensed to practice in New Jersey. 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 is a 58 year old worker with a date of injury of December 27, 2001. The mechanism of injury is unknown. Diagnoses include degenerated disc disease thoracic, degenerated disc disease lumbar, lumbar spine stenosis and failed back surgery syndrome. On March 29, 2013, x-ray of the lumbar spine showed fusion with pedicular screws and bridging bars at L4-5, evidence of lateral bone graft and moderate L4-5 disk space narrowing. On August 13, 2013, the injured worker's chief complaint was failed back surgery syndrome, lumbar radiculopathy and thoracic radiculopathy. Her pain was described as stabbing, burning and spasm. Her current pain was rated a 6 on a 1-10 pain scale on a good day and a 9 on a bad day. Aggravating factors included activity and sitting. Alleviating factors included heat, cold, rest, walking, medication and massage. She was noted to be obtaining good pain control with her current medication regimen. Other treatment modalities included home exercise program, moist heat, stretches and physical therapy. A request was made for Norco 10/325 mg #90. On August 8, 2013, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, and upon review of the submitted documentation, there was insufficient evidence to suggest this full review was completed regarding the Norco, which the worker had been using for many months (at least) leading up to this request for renewal. Particularly, there was not any comment in the progress notes stating any measurable functional benefit attributable to the Norco independent of her other medications. Therefore, without this evidence of benefit, the request for Norco is considered not medically necessary.