

Case Number:	CM14-0179953		
Date Assigned:	11/04/2014	Date of Injury:	08/19/2007
Decision Date:	01/06/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine and is licensed to practice in Florida. 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 50-year-old male with a date of injury of 8/19/2007. The mechanism of injury noted is having fallen down stairs. Recent diagnoses include: status post anterior and posterior lumbar fusions, myofascial pain syndrome, and status post left and right carpal tunnel releases. Prior treatment has included trigger point injections and medications that include chronic narcotics. No pain management contract or urine drug screens are discussed. A 9/15/2014 progress note mentions the following pertinent physical exam points: Palpation of the thoracolumbar spine noted tender trigger points over his low back, buttocks, and upper spine with muscle twitch points. Sensation is decreased at L4-L5 bilaterally. A utilization review physician did not certify a request for Norco. Therefore, an Independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 times 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Opioids Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In regards to this patient's case, there is no documentation of improved functioning. There is also no documentation of an improvement pain level with the requested narcotic medication. There is also no documentation of a pain management contract or of frequent urine drug screens. Therefore, this request for Norco is not medically necessary.