

Case Number:	CM14-0194898		
Date Assigned:	12/02/2014	Date of Injury:	06/10/2005
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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, 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:

This is a 62-year-old gentleman with a date of injury of 6/10/05. Mechanism of injury is not discussed in reports submitted for review. The patient is permanent and stationary for diagnoses of multilevel lumbar HNP, lumbar facet arthropathy, chronic low back pain and lumbar radiculopathy. Though the patient has been using opioids (Norco) on a chronic basis, there is a trend of reduced usage. In 2013, the patient was getting refills of #180/month. Refill on 9/23/14 was for #90. Submitted reports do not document UDS, CURES, risk assessment, or pain contract. Most recent work status is modified duty, but it is not clear if the patient is working or not. Request for Norco 10/325, quantity not indicated, was submitted to Utilization Review with an adverse determination rendered on 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 (quantity not indicated): 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): 74-96.

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. Submitted reports do not reflect that the patient is monitored via UDS or that a pain contract is in place. There is no clear evidence of efficacy, with use facilitating the ability to stay at work. Chronic use is not standard of care or guideline supported. On a positive note, it does appear that over time, there has been less use, with refills containing fewer pills. That said, there is no documented purposeful intent to wean off opioids. In this case, as the quantity is not specified, there is no medical necessity for approval of Norco 10/325.