

Case Number:	CM14-0195554		
Date Assigned:	12/03/2014	Date of Injury:	07/16/1993
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Practice 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 55-year-old male claimant sustained a work injury on July 16, 1993 involving the low back. He was diagnosed with lumbar disc disease. A CT scan of the lumbar spine in April 1996 showed a herniated nucleus pulposus at L5-S1 and facet degenerative changes. He underwent two back surgeries. He had previously received epidural steroid injections. Electrodiagnostic study in 1996 was normal for the lower extremities. He developed he failed surgery syndrome. He had been on Lorcet since at least May 2012. Progress note on April 18, 2014 indicated the claimant had 8/10 pain without medication and 4/10 pain with medication. Exam findings were notable for spasms on the left side of the lumbar spine and decreased range of motion. He remained on Lorcet for pain and was given an IM Toradol injection. Progress note on September 19, 2014 indicated that claimant had 7/10 pain. The claimant was requesting additional medication. Exam findings were unchanged. The claimant was continued on Lorcet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorcet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Lorcet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term use has not been supported by any trials. In this case, the claimant had been on Lorcet for over 2 years. There is no evidence of Tylenol or NSAID failure. The continued and chronic use of Lorcet is not medically necessary.