

Case Number:	CM14-0200025		
Date Assigned:	12/10/2014	Date of Injury:	05/09/2001
Decision Date:	01/28/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This injured worker's date of injury is 05/09/2001. The initial injury occurred at work; medical documentation was not provided for the initial injury. The patient is disabled. This patient receives treatment for chronic low back pain, diagnosis "lumbosacral disc degeneration." Other diagnoses include: CRPS right lower extremity, spinal cord stimulator, intrathecal pump for opioid delivery, and major depression. The patient is opioid dependent and receives multiple opioids and psychotropic medications. These medications are: Effexor, Fentanyl patch 100 mcg/hr Q2days, morphine IR 30 mg Q4-6 hr, Norco 10/325mg 1-2 Q4-6 h, Valium 10mg 1 TID, Zolpidem 10 mg 1 HS, and Soma 350 mg 1 tid. The intrathecal pump delivers hydromorphone 16 mg per day, bupivacaine 9 mg a day, and Fentanyl 154 mcg per day. This review covers the refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; and Opioids, dosing, and Morphine Sulfa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86-87.

Decision rationale: This patient receives treatment for chronic low back pain. Based on the medical records reviewed, the patient has become opioid tolerant and dependent. However, the patient indicates no relief of pain or a restoration of function. The guidelines recommend that daily opioid dosing should not exceed 120 mg of oral morphine equivalents doses (MED) a day. For patients taking more than one opioid, their MEDs need to be added together. Therefore, based on the guidelines this request is not medically necessary.