

Case Number:	CM14-0200112		
Date Assigned:	12/10/2014	Date of Injury:	08/24/2009
Decision Date:	01/26/2015	UR Denial Date:	11/19/2014
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 Internal Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker (IW) is a 38-year-old man with a date of injury of August 24, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are complains of abdominal pain secondary to prescribed medications; complaints of headaches; L3-L4 disc herniation with central stenosis and bilateral neural foraminal narrowing; L4-L5 moderate central stenosis and marked neural foraminal narrowing with pressure over L4 roots; lumbosacral sprain with radicular symptoms; and status post decompression with fusion at L3-L5 on December 20, 2013. Pursuant to the progress note dated October 30, 2014, the IW complains of persistent low back pain radiating into the bilateral hips and lower extremities. The pain is associated with numbness and tingling sensation. Objectively, lumbar range of motion was decreased. The IW is taking Norco 10/325mg. Documentation in the medical record indicates that Norco was being used as early as April 17, 2014. It is unclear if this was a refill or the start date. In May of 2014, Tramadol was added to the medication regimen. On July 10, 2014, Butrans was added to the medication regimen. The provider did not provide clinical rationale as to why the IW was taking 2 narcotics. In August of 2014, the IW reports he was not able to fill the Butrans at the pharmacy, so the treating physician increased the Norco. The Norco was refilled again on September 4, 2014, October 1, 2014, and October 30, 2014. There was no detailed pain assessments of evidence of objective functional improvement associated with the long-term use of Norco. The current request is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. Lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post microdiscectomy at L3 - L4 and L4 - L5; L3 - L4 disc herniation with central stenosis and bilateral neuroforaminal narrowing; L4 - L5 moderate central stenosis and marked neuroforaminal narrowing with pressure over L 4 roots. The documentation in the medical record indicates Norco was being used as early as April 17 of 2014. The start date of Norco is not documented in the medical record. On May 14, 2014 Tramadol was added to the Norco. There is no clinical indication or rationale as to why a second opiate was added to the drug regimen. On July 10, 2014, Butrans was added to the drug regimen. There is no clinical rationale indicating why Butrans was added to the Norco and Tramadol drug regimen. On August 7, 2014 the injured worker was unable to refill the Butrans. The Norco was increased. There is no documentation indicating why. Norco was renewed September 2014, October 1, 2014 and October 30, 2014. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, Norco 10/325 mg #120 is not medically necessary.