

Case Number:	CM14-0206297		
Date Assigned:	12/18/2014	Date of Injury:	11/17/2002
Decision Date:	02/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 67-year-old man with a date of injury of November 17, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is unspecified thoracic/lumbar neuritis/radiculitis. Pursuant to the progress note dated October 31, 2014, the IW present with a chief complains of lumbar spine symptoms. The pain radiates to the left lower extremity to the posterior medial proximal thigh down to the plantar aspect of the foot over the lateral aspect. The pain has been chronic since his injury in 2002. The pain is almost constant and is activity related. Medications help relieve the pain. Examination of the lumbar spine reveals slight concavity to the left. There is no tenderness at the pelvic brim or junction to percussions. There is no sciatic notch tenderness. Extension and rotation to either side causes midline junctional discomfort. The IW is taking Norco 10/325mg 1 tablet BID, and Motrin 800mg 1 tablet TID. The IW has been taking Norco since at least June 11, 2014 according to a progress note with the same date. This was the earliest note in the medical record. It is unclear as to how long the IW has been taking Norco. There are no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Norco. The current request is for retrospective Norco 10/325mg #120 (DOS 10/31/2014).

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 Opioids Page(s): 79-81, 124.

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 ongoing opiate use. Satisfactory response to treatment may be indicated by the patients decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve a function. In this case, the injured worker's working diagnosis is unspecified thoracic/lumbar neuritis/radiculitis. The documentation in the medical record indicates the injured worker was taking Norco as far back as June 11, 2014. Norco's start date is unclear. The date of injury was November 17, 2002. The documentation does not contain evidence of objective functional improvement, pain assessments, risk assessment, and urine drug testing. The November 28, 2014 progress note (the latest progress note in the record) indicates symptoms are increasing progressively without appropriate treatments and lumbar radicular symptoms persist and require treatment. Consequently, absent the appropriate clinical documentation evidencing objective functional improvement associated with ongoing, chronic opiate use and no documentation of pain or risk assessments, Norco 10/325 mg #120 is not medically necessary.