

Case Number:	CM14-0210084		
Date Assigned:	12/23/2014	Date of Injury:	01/18/2011
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 36 year-old male with a 1/16/2011 date of injury. According to the 10/24/14 psychiatry report, the patient presents with constant moderate back pain with a burning sensation but no radiation. The diagnosis is chronic lumbosacral strain. The 9/3/14 psychiatry report documents low back pain at 5/10, and the physician stated the patient was taking Norco, Soma and Terocin. The 7/11/14 report, still reflects 5/10 back pain and the physician refills Terocin. The 6/10/14 report states the patient has 6/10 back pain and states the Norco and Soma are effective. On 11/18/14 utilization review denied use of Norco because the records did not discuss analgesia, functional benefit, or adverse side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: Four medical reports from 6/10/14 to 10/24/2014 are provided for this review. The patient has chronic low back pain and has been using Norco since 6/10/14. On

10/24/14, the physician prescribed a refill of Norco 10/325mg, q6h, #120. This review is for the continued use of Norco 10/325mg, #120 MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment Criteria For Use Of Opioids Long-term Users of Opioids (6-months or more)" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Unfortunately, none of the available reports discuss pain reduction, improved function or quality of life with use of Norco. The continued use of Norco is not in accordance with the MTUS criteria for use of opioids. The request for Norco 10/325mg, #120 is not medically necessary.