

Case Number:	CM15-0058860		
Date Assigned:	04/03/2015	Date of Injury:	03/09/1990
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 is a 72 year old, male who sustained a work related injury on 3/9/90. The diagnoses have included chronic pain syndrome and lumbar radiculopathy. Treatments have included medications and TENS unit therapy. In the PR-2 dated 2/5/15, the injured worker complains of continued low back pain and stiffness with pain radiating to both legs. He notes "functional improvement and pain relief with the adjunct of the medication." The treatment plan is a prescription refill for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115. Decision based on Non-MTUS Citation ODG Chronic pain.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Documentation indicated that this patient has had functional improvement and improvement in his pain level, however the documentation presented does not objectively explain exactly what functional improvement he has had. Additionally, ODG does not recommend short acting narcotics as first line treatment for chronic nonmalignant pain. ODG also states that the long term efficacy for the treatment of chronic nonmalignant pain remains uncertain. Likewise, this medication request is not considered medically necessary.