

Case Number:	CM13-0034248		
Date Assigned:	12/06/2013	Date of Injury:	09/15/1993
Decision Date:	03/26/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 physician 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 is a 55 year old man with a date of injury of 9/15/93. He was seen by his primary physician on 5/7/13. He had persistent continuous back pain which was rated as 6-7/10 without medications and 2-3/10 with medications and rest. He had been using norco (6 per day) and the records indicate that he has been taking norco at least since 2012. He is self-employed as a painter. His physical exam shows normal reflexes and sensation and normal straight leg raise. He had slight lumbar tenderness near the origin of the erector spinae. His assessment as mechanical back pain and his norco was refilled. The norco is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg #180 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 55 year old injured worker has chronic back pain with an injury sustained in 1993. His medical course has included the use of medications such as narcotics. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 5/13 fails to document any significant improvement in pain (versus rest), functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The norco is denied as not medically necessary.