

Case Number:	CM14-0139237		
Date Assigned:	09/05/2014	Date of Injury:	03/09/2005
Decision Date:	10/09/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This employee, a 53-year-old man, claimed injury on 3/9/2005 and has been diagnosed with post-laminectomy syndrome of the lumbar spine and lumbar neuritis. MRI on 8/1/06 shows post-operative changes and a 5 mm posterior disc protrusion contributing to moderate bilateral neuroforaminal stenosis. He is appealing the 8/19/14 modification of his request for Norco 10/325mg, quantity of 180 (1 tab every 4 hours for relief of moderate to severe pain), to a quantity of 80. He had been approved for MS Contin 15mg #60 and Morphine Sulfate 25 mg/20 ml. He has an intrathecal pump, placed on 12/10/12. With a lumbar injection in March 2014, he reduced his oral morphine intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for use Page(s): 78-80.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, opioids are to be continued if there is a return to work and/or improvement in function and pain.

This patient's pain is 6/10 on meds and without it 10/10, a subjective improvement on narcotic medication only. There is no mention of this patient's work status. There is no objective evidence of functional improvement. The request is not medically necessary.