

Case Number:	CM14-0162227		
Date Assigned:	10/07/2014	Date of Injury:	07/09/2007
Decision Date:	10/31/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family 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:

This injured worker's date of injury is 07/09/2007. The original injury was the result of a slip and fall. The patient had cervical discectomy and fusion of C5-C6 in 2009, left wrist ligament surgery in 2009, and carpal tunnel surgery in 2011. He had gastric bypass surgery. This patient receives treatment for chronic pain in the neck, low back, and knee. The patient has recurring headaches. He was diagnosed with post-concussion syndrome. He received physical therapy. One of the treating physicians has recommended lumbar discectomy and fusion. Medications include: Norco 10/325 mg 6 daily, clonazepam, Phentermine 37.5 mg, Lunesta and AndroGel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Page(s): 80-82.

Decision rationale: This patient has chronic neck pain and low back pain. The patient had discectomy and fusion in the neck and is opioid tolerant and opioid dependent. The treatment guidelines recommend opioids for the short-term management of exacerbations of chronic low

back pain, as studies point out that the efficacy of the long-term use of opioids is unclear. The long-term use of opioids introduces tolerance, dependence, hyperalgesia, and addiction at a significant rate. Therefore, the request of Norco 10/325mg #360 is not medically necessary and appropriate.