

Case Number:	CM14-0166806		
Date Assigned:	10/14/2014	Date of Injury:	08/16/2007
Decision Date:	11/14/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 Pain Management 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 injured worker is a 64-year-old male with a date of injury of 8/16/2007. He has history of lumbar degenerative disk disease, lumbar radiculitis, and was status post intrathecal narcotic pump placement. The records dated 4/23/2014 document that he went back to the provider for a refill of his pump and stated that he has been doing well on his current pump settings and does not have a history of significant reaction when it was increased. He reported that his pain was located at the lumbosacral axial spine with intermittent radiation to the bilateral lower extremities. He described his pain as dull to sharp aching pain with some burning component. He rated his pain as 6-7/10. He also reported occasional spasms and some weakness in the bilateral lower extremities. A urine drug testing report dated 8/5/2014 revealed that he is positive for Hydrocodone and Hydromorphone, as well as alcohol metabolite. He is diagnosed with (a) chronic pain syndrome, (b) lumbar degenerative disk disease, and (c) lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Based on the records received, the injured worker has been experiencing good benefits with his current intrathecal therapy and has been utilizing Norco 10/325mg in the long term. The Chronic Pain Medical Treatment Guidelines indicate that long-term use of opioids is not generally recommended; however, if it is to be used in the long-term there should be documented evidence of significant decrease in pain levels as well as significant functional improvements. In this case, the injured worker rated his pain as 6-8/10 and his most recent records indicate that he rated his pain level as 6-7/10. He has been able to walk and stand for longer periods. The pain rating provided that the functional activities have been consistent in the records provided. Significant decreases in pain levels and significant functional improvements have not been achieved in spite of long term use and evidence of medication compliance and consistent urine drug screening results. This means to say that the current clinical presentation of the injured worker does not satisfy the criteria for ongoing management or continued use of opioids for pain management. Therefore, the medical necessity of the requested Norco 10/325 mg #180 is not established.