

Case Number:	CM14-0166809		
Date Assigned:	10/14/2014	Date of Injury:	03/07/2002
Decision Date:	11/14/2014	UR Denial Date:	10/07/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 52 year old male who was injured at work on 03/07/2002. The injured worker had a lumbar epidural steroid injection on 09/15/14. The following day, he reported to his doctor complaining of much improvement in his radicular pain following the injection. However, he was frustrated that some of his pain medications are not being approved as requested. He stated that his low back pain was 8/10 without medications but 6/10 with medications. His physical examination provided his vital signs only. He has been diagnosed of intractable low back pain with history of degenerative disc disease, L4-L5; bilateral lower extremity radiculopathy, primarily the L4 distribution; left elbow pain; and failed spinal cord stimulator trial 05/19/14. Previous treatments have included multiple injections; Neurontin, Celebrex, Prilosec, Lidoderm, Kadian, Ms contin and Norco 10/325. At dispute is the request for Norco 10/325 MG #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-87.

Decision rationale: The injured worker sustained a work related injury on 03/07/2002. The medical records provided indicate the diagnosis of intractable low back pain with history of degenerative disc disease, L4-L5; bilateral lower extremity radiculopathy, primarily the L4 distribution; left elbow pain; and failed spinal cord stimulator trial 05/19/14. Previous treatments have included multiple injections; Neurontin, Celebrex, Prilosec, Lidoderm, Kadian, and Norco 10/325. The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #120. The MTUS does not recommend the use of opioids for more than 16 weeks or 71 days for chronic pain. The records indicate the injured worker has been using this medication since January 2014. Also, although the 09/2014 report indicates the pain subsides from 8/10 to 6/10 with medications, this is no improvement over the previous levels of improving from 8/10 to 5/10. Furthermore, at the time the Norco 10/325mg every 6 hours as needed was prescribed, the injured worker was also prescribed MS Contin Cr 30mg one every 8 hours; the previous month he was prescribed Kadian(morphine) ER 100mg at bedtime, and Norco 10/325 every 6 hours. The combined morphine equivalents were 130mg and 140mg respectively. Each of these doses is more than the daily recommended amount of opioids recommended by the MTUS. The requested treatment is not medically necessary and appropriate.