

Case Number:	CM14-0213750		
Date Assigned:	01/02/2015	Date of Injury:	01/28/2013
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 59-year-old woman with a date of injury of January 28, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic pain syndrome; lumbago; lumbosacral spondylosis without myelopathy; spinal stenosis, lumbar region, without neurogenic claudication; degeneration of the lumbar or lumbosacral intervertebral disc; and long-term (current) use of other medications. Pursuant to the progress note dated November 17, 2014, the IW complains of constant low back pain. The pain is described as throbbing. The low back pain radiates to her right leg posteriorly intermittently. Examination of the lumbar spine reveals deep tenderness along the bilateral paralumbar and lower lumbar spine. The IW is taking Norco 7.5mg 1 to 2 tablets q4h, adding up to 5 per day. She also takes Ibuprofen in the morning only. According to the CURES report, the IW has been taking Norco 7.5mg #150 every months. There were no detailed pain assessments. There was no evidence of objective functional improvement associated with the ongoing use of Norco. The IW had a urine drug screen collected on April 25, 2014. The IW was on Hydrocodone, Clonazepam, Prozac, and Bupropion. Results showed Butabital and Hydrocodone. Butabital was not a prescribed medication, and not in the controlled substance utilization review and evaluation (CURES) report. The current request if got Norco 7.5/325mg (unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg-7.5mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opioids, Specific Drug List, and Weaning of M.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Guidelines and the Official Disability Guidelines, Norco 7.5/325 mg unspecified quantity is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing public use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life area the lowest possible dose should be prescribed to improve pain and function. The documentation indicates the injured worker has been taking Norco 7.5/325 mg #150, monthly since March 29, 2014. The documentation does not reflect any objective functional improvement associated with long-term opiate use. The injured worker still complains of significant low back discomfort. Additionally, urine drug screen dated April 25, 2014 was inconsistent. Butalbital is present in the specimen are not prescribed. Consequently, absent clinical documentation to support the ongoing use of Norco without documentation of objective functional improvement, and inconsistent urine drug screen, Norco 7.5/325 mg for an unspecified quantity is not medically necessary.