

Case Number:	CM14-0217400		
Date Assigned:	01/07/2015	Date of Injury:	06/28/2005
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 51 year old male continues to complain of body pain stemming from a work related injury reported on 6/28/2005. Diagnoses include: body pain; and annular (illegible) tear at lumbar 5 - sacral 1. Treatments have included consultations; diagnostic imaging studies; a cane for ambulation; and medication management. The injured worker (IW) work status was not noted. Subjective and objective findings noted in the hand written, mostly illegible, primary physician PR-2 reports, dated 8/18/2014 and 11/6/2014, note: the IW using a cane; significantly decreased body pain, down to 3/10, with 7-8 Norco 10/325mg per day - and without Opana ER; that the IW attempted to decrease Norco 10/325mg to 6-8 per day, x 2- 3 days, resulting in an increase in pain and decrease in function; that with 7-8 Norco a day the IW is able to do activities of daily living and childcare; that the IW denied any side effects, and no side effects were noted; the IW failed Flexeril; the IW walks daily; and the IW cannot sleep without meds.No other medical records were available for my review. On 12/2/2014 Utilization review modified, for medical necessity, a request for Norco 10/325 mg, 7-8 tabs a day, #240, to Norco 10/325mg, 7 tabs a day, #210, stating that the decision was based on the available medical information at the time of the review and the attempted telephonic case discussion on 12/1/2014. Cited were the MTUS , chronic pain treatment guidelines, and the Opioid Therapy for chronic Pain article in the 2003 New England Journal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 (7-8) per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2005. The medical course has included numerous treatment modalities use of several medications including narcotics. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits of fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to norco to justify use per the guidelines. He also has been unable to cut back on the norco which is worrisome for addiction. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.