

Case Number:	CM13-0011332		
Date Assigned:	12/18/2013	Date of Injury:	11/16/2005
Decision Date:	03/11/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 physician 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 patient is a 59-year-old male who reported an injury on 11/16/2005. The mechanism of injury was not provided for review. The patient developed chronic pain that was managed with medications. The patient's active medication schedule included ibuprofen 800 mg, Norco 10/325 mg, and Wellbutrin 100 mg. The patient's most recent clinical documentation does indicate that the patient has increased functional capabilities and can participate in gym activity and home physical therapy as result of the medication usage. It was also noted that the patient submitted to a urine drug screen on 09/26/2013 that was consistent with the patient's prescribed medication schedule. The patient's treatment plan included continuation of medications and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Guidelines for Prescribing Opioids to Treat Pain in Injured Workers

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #180 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that opioid medication usage be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient is monitored for compliance with urine drug screens that are regularly consistent. Additionally, the clinical documentation does indicate that the patient's medication usage allows the patient participate in a home exercise program. However, the clinical documentation submitted for review fails to provide a quantitative assessment of pain relief to establish the efficacy of the patient's medication usage. Therefore, continuation of this medication is not supported. As such, the requested Norco 10/325 mg #180 is not medically necessary or appropriate.