MAXIMUS Federal Services

Case Number:	CM13-0017856		
Date Assigned:	10/11/2013	Date of Injury:	03/04/2002
Decision Date:	01/06/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/28/2013

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 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 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 underlying date of injury in this case is 03/04/2002. This patient is a 48-year-old man. His treating diagnoses include status post an L5-S1 fusion, cervical strain, and lumbosacral strain. On 10/09/2013, the treating provider submitted an appeal regarding noncertification of a request for Norco as well as a urine drug screen. This is a very detailed letter which discusses at length criteria for consideration for certification of opioids. An initial physician review in this case noted that continued use of opioids must be predicated upon decreased pain levels and increased levels of function as well as improved quality of life and that overall the medical records did not meet such criteria at this time and therefore the provider recommended modification of the Norco prescription for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 is: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects during the use of opioids. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In this case, the medical records do not indicate that these requirements have been met. An appeal letter from the treating provider requests approval of this medication. That appeal discusses indications for opioids in normal terms but does not provide correlation to this particular patient's clinical situation. Neither the medical records themselves nor the appeal letter from the treating physician support the medical necessity of the Norco treatment in question. The request for Norco 10 #90 is not medically necessary and appropriate.