

Case Number:	CM13-0028049		
Date Assigned:	11/22/2013	Date of Injury:	09/03/2008
Decision Date:	02/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 and 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 43-year-old female who reported a work-related injury on 09/03/2008 as result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: failed back syndrome, sacral coccygeal pain, and anterior/posterior L5-S1 fusion as of 11/2010. The patient recently had implantation of a permanent spinal cord stimulator. The clinical note dated 11/25/2013 reports the patient utilizes OxyContin, Lunesta, Flexeril, Percocet, and Soma. The clinical note documents the patient's average rate of pain is 5/10. The provider reported the patient reports some relief has already been noted with use of the spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of

any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Additionally, the clinical notes failed to document the patient is currently utilizing Norco. The clinical notes reported the patient was utilizing OxyContin and Percocet for her pain complaints. There was no mention of Norco on the most recent clinical notes submitted for review or efficacy of this medication for the patient's pain complaints. Given all of the above, the request for Norco 10/325 mg is not medically necessary or appropriate.