

Case Number:	CM13-0028220		
Date Assigned:	03/28/2014	Date of Injury:	09/19/2006
Decision Date:	05/09/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 injured worker is a 33-year-old male with an original industrial date of injury on September 19, 2006. The mechanism of injury was a backwards fall of 6 feet into a water drain. The injured worker has sustained injuries to the body regions of the legs, lumbar spine, cervical spine, left knee, bilateral hands, and wrists. The diagnoses include lumbar degenerative disc disease, chronic low back pain, cervical discogenic disease, chronic cervical spine sprain, carpal tunnel syndrome, and left knee internal derangement. The patient's work status is permanent and stationary. A utilization review determination on September 11, 2013 had modified the request for Norco 10 mg from 180 tablets to 120 tablets. The reasoning for this modification was that "there was no documentation of return to work or other functional improvement attributable to opioid use."

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: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Section Page(s): 76-80.

Decision rationale: A review of the submitted medical records indicate that the patient has been on Norco for more than one year. In a progress note on February 5, 2013, the patient is documented to be taking 2 tablets up to 3 times per day for a total monthly quantity of 180 tablets. Even at this time he is permanent and stationary. The progress report on date of service February 5, 2013 does not document functional improvement. A later progress note on December 17, 2013 indicates that the Norco dose has been unchanged and the patient continues on opioids for chronic pain. There again is no documentation of functional improvement. Furthermore, in the submitted medical documentation, there is no notation of monitoring for aberrant behaviors or opioid risk screening. These are all aspects of ongoing monitoring that is required for continuation of opioid pain medications. Therefore this request for a full 180 tablets is not recommended.