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| Case Number: | CM13-0034706 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 09/16/2012 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 47-year-old female who reported a work-related injury as a result of strain to the lumbar spine on 09/16/2012. The clinical note dated 06/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient is status post L5-S1 laminoforaminotomy and microdiscectomy on the right as of 05/23/2013. The patient continues to report sharp and stabbing low back pain rated at a 9/10 to 10/10. The provider documented the patient had 5/5 motor strength noted throughout the bilateral lower extremities. The provider documented the patient's Norco 10/325 was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Hydrocodone Page(s): 41-42.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the patient's long-term utilization of Norco 10/325. As

California MTUS indicates, "Norco is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "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 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." The clinical note failed to document the patient's reports of efficacy with her medication regimen, as there was a lack of decrease in the patient's rate of pain on the VAS scale and increase in objective functionality. Given all of the above, the request for Norco 10/325 mg every 3 to 4 hours MAX 8/24 hours is not medically necessary or appropriate.