

Case Number:	CM13-0038015		
Date Assigned:	12/18/2013	Date of Injury:	05/28/2009
Decision Date:	01/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Medicine and is licensed to practice in 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 39-year-old male who reported a work related injury on 05/28/2009, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, sacroiliitis, pain in right knee, myalgia and myositis, headache, superior glenoid labrum lesion, pain in joint involving shoulder region, facet arthropathy, radiculopathy, adhesive capsulitis of the left shoulder, lumbar sprain or strain, spondylosis of the thoracic spine, spondylosis of the lumbar spine, thoracic sprain, low back pain, neck pain, depression, anxiety, and other congenital anomalies of the aorta, pain in joint involving pelvic region and thigh, chronic pain due to trauma, a cracked tooth, and accidental fall from out of building. The clinical note dated 09/24/2013 reports the patient was seen for follow-up of his pain management under the care of [REDACTED]. The provider documents the patient reports moderate to severe pain to the lumbar spine. The provider documents the patient utilized the following medications, Levothyroxine 1 tab by mouth every day, Norco 10/325 mg 1 tab by mouth 4 to 6 times every day, Zoloft 50 mg 1 tab by mouth every day, diazepam 5 mg 1 by mouth every day. The clinical note documents the patient was asked to refrain from utilizing pain medications from other providers, as the patient is utilizing Ultram in addition to Norco prescribed by [REDACTED]. The provider documented the patient was rendered prescriptions and documentation of continued periodic monitoring for adherence with urine drug screening and routine lab is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 1 refill: 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. The clinical documentation submitted for review evidences the patient continues to present with multiple bodily injury pain complaints status post a work related injury sustained in 05/2009. It is unclear how long the patient has been utilizing Norco 10/325 mg, the clear efficacy of this medication, as the patient reported moderate to severe continued pain complaints with use of this medication every 4 to 6 hours. In addition, the provider documents the patient has been noncompliant with his medication regimen, also utilizing pain medications from a different provider. The clinical notes submitted for review document the patient has been advised to begin titration with use of Norco 10/325 mg due to noncompliance and poor treatment of pain. As 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 A's" (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." Given all of the above, the request for 1 prescription of Norco 10/325 mg #150 with 1 refill is not medically necessary or appropriate.