

Case Number:	CM13-0042368		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2008
Decision Date:	04/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient was injured on 7/30/2008. The diagnoses listed are depression, insomnia, right knee pain and lumbar radiculopathy. The subjective complaints are knee pain, low back pain, numbness and tingling of the lower extremities. The patient is retired but owns a landscaping company where he works part-time. The medications listed are Norco 10/325mg #180, LidoPro cream, Tramadol ER 150mg and naproxen 550mg for pain. The patient is also on trazadone 50mg for insomnia and depression as well as Prilosec for the prevention and treatment of NSAID induced gastritis. The 10/16/2013 visit note from [REDACTED] that the patient was utilizing about 6 tablets of Norco a day. There is no Opioid monitoring UDS test reports available for this review. A Utilization Review decision was rendered on 10/4/2013 recommending non-certification of Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: NORCO 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-76, 124.

Decision rationale: The CA MTUS addressed the chronic use of opioids for the long term treatment of musculoskeletal pain syndromes. Opioids can be utilized for short term treatment of severe pain during acute injury and periods of exacerbations or flare ups when the pain is not responsive to standard NSIADs, physical therapy and exercise. Documentation during opioid therapy should include compliance monitoring measures such as Pain Contract, UDS Monitoring, absence of aberrant drug behaviors and improvement in ADL or functional restoration. The 10/16/2013 clinic note by [REDACTED] showed that the patient is utilizing Tramadol ER 150mg concurrently with the Norco 10/325mg. There is no significant reduction in pain scores or return to pre-injury job status. There is no documentation of compliance monitoring measures. The patient did not meet the criteria for chronic Opioid therapy. Non-certification does not imply abrupt cessation or discontinuation. Appropriate standard of care protocol to avoid adverse consequences which may occur with changes in the treatment regimen should be implemented.