MAXIMUS Federal Services

Case Number:	CM13-0043148		
Date Assigned:	12/27/2013	Date of Injury:	03/15/1996
Decision Date:	03/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/12/2013

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported an injury on 3/15/96 after he was crushed between a forklift and a wall. The patient sustained an injury to the right shoulder and knee that ultimately required surgical intervention followed by postoperative physical therapy. The patient developed chronic pain that was managed by medications, orthotics, and physical therapy. The patient was monitored for aberrant behavior with urine drug screens. The patient's medication schedule included Percocet 10/325mg, Soma 350mg, and Prilosec 20mg. The patient's most recent evaluation indicated that he was previously prescribed Percocet, but was requesting a different opioid due to unmanageable side effects. Physical findings included numerous trigger points in the lumbar musculature and restricted range of motion secondary to pain with decreased sensation in the L5 distribution. The patient's diagnoses included lumbar myoligamentous injury with bilateral lower extremities radicular symptoms, right knee internal derangement, status post crush injury of the pelvis, and medication-induced gastritis. The patient's treatment plan included discontinuation of Percocet and the initiation of Norco 10/325mg to assist with pain control.

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): 77.

Decision rationale: The California MTUS does recommend a trial of opioids in the management of a patients' chronic pain. The clinical documentation indicates that the patient was previously taking Percocet, but he had unmanageable side effects. Clinical documentation does indicate that the patient was regularly monitored for aberrant behavior with urine drug screens that were consistent with the patient's medication schedule. The clinical documentation indicates that the patient would be transitioned off Percocet and onto Norco 10/325mg. Although this change in medication would be supported by guideline recommendations, the request as it is written does not clearly define frequency or intended duration of treatment. Therefore, an appropriate trial of this medication cannot be determined. As such, the requested Norco 10/325mg is not medically necessary or appropriate.