

Case Number:	CM13-0044000		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2002
Decision Date:	02/27/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 is licensed to practice in Illinois. 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 61-year-old female who reported a work related injury on 06/17/2002, specific mechanism of injury not stated. The patient presents for treatment of low back and cervical spine pain. The clinical note dated 09/26/2013 reports the patient was seen under the care of [REDACTED]. The provider documents continued cervical spine pain that radiates into the shoulders, low back pain that radiates down the left lower extremity. The provider documented the patient requires refills of her medications to include Norco 10/325 one by mouth daily, Neurontin 600 mg 1 by mouth 3 times a day, naproxen 550 one by mouth twice a day, Flexeril 10 mg 1 by mouth daily, Prilosec 20 mg by mouth daily. The provider documented objective findings revealed no significant change.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for 1 retrospective prescription of Norco 10/325mg #60, between 9/26/2013 and 9/26/2013: 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. Chronic Pain Medical Treatment Guidelines indicate 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 documentation submitted for review fails to evidence the patient's reports of efficacy with her current medication regimen including Norco 10/325. The provider did not document that the patient's pain on a VAS scale decreased significantly with continued chronic opioid use, or that the patient had increased subjective functionality as a result of continued utilization of this medication. Given all the above, the request for Retrospective request 1 prescription of Norco 10/325mg #60, btw 9/26/2013 and 9/26/2013 is not medically necessary or appropriate.