

Case Number:	CM13-0053032		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2005
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain 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 37-year-old male who reported an injury on 03/29/2005. The mechanism of injury was not provided for review. The patient ultimately underwent fusion surgery at the L3-4 and L4-5 levels with removal of instrumentation in 06/2011. The patient's chronic pain was managed with medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had 50% pain relief through a sacroiliac joint injection. Objective findings included improvement in ambulation and range of motion with continued pain complaints with range of motion movements. The patient underwent a neurosurgical consultation on 10/09/2013 that reported that the patient was provided temporary headache relief related to the use of Hydrocodone 10/325 mg 3 times a day. The patient's treatment plan included continuation of Norco for temporary pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The requested Norco 10/325 mg #120 is not medically necessary or appropriate. According to California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative assessment of pain relief, functional benefit, managed side effects, and monitoring of compliance to the prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient has pain relief and is monitored for compliance with the prescribed medication schedule. However, the clinical documentation fails to provide documentation of functional benefit or a quantitative assessment of pain relief to establish the efficacy of that medication. Therefore, the continued use of Norco 10/325 mg #120 is not supported. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.