

Case Number:	CM13-0053671		
Date Assigned:	01/15/2014	Date of Injury:	08/07/1997
Decision Date:	06/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Management and is licensed to practice in California. 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:

This is a 37 year old male patient s/p injury 8/7/97. The 6/5/13 progress note stated that the patient has back pain in the lumbar spine. Pain is 6/10 with medications. Objectively, there is lumbar spine tenderness, limited range of motion. There is discussion fo urine drug screening. The patient was prescribed Norco 10/325mg 2 tab po q 4 hours. There is documentation of an 11/4/13 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, are prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no evidence of objective measures of pain relief or functional benefit derived from use

of Norco. It is unclear if there is a plan for weaning. The patient has a 1997 date of injury and it is unclear how long opiates have been used. There is no evidence of a pain contract, CURES report or monitoring for adherence and compliance. The request is not medically necessary.