

Case Number:	CM13-0055033		
Date Assigned:	01/31/2014	Date of Injury:	06/11/2010
Decision Date:	05/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational Medicine, 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:

According to the records made available for review, this is a 52-year-old female with a 6/11/10 date of injury. At the time (10/3/13) of request for authorization for Norco 10/325 mg #60 1 Tab Q6-8 hrs, Prilosec 20mg #60 1 Cap BID, and Nortriptyline 10mg, #60 2 Tabs Qhs, there is documentation of subjective (neck and back pain and complaints of a rash and GI complaints from stress) and objective (tenderness in the lumbar spine, positive straight leg raise test, tenderness over the right ankle and foot, bilateral elbow tenderness, tenderness in the forearm, positive Tinel's and Phalen's test of the bilateral wrists, and positive bilateral shoulder impingement sign) findings, current diagnoses (cervical sprain/strain, right ankle sprain/strain, and lumbar spondylosis), and treatment to date (activity modification, injection, and medications (including Norco, Prilosec, and Nortriptyline)). A medical report identifies that Hydrocodone has been helping to alleviate severe pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60 1 TAB Q6-8 HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Guidelines indicate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, right ankle sprain/strain, and lumbar spondylosis. In addition, there is documentation of prescriptions for Norco since at least 4/18/13. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that Norco has been helping to alleviate severe pain and improve function, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on the MTUS Chronic Pain Guidelines and a review of the evidence, the request for Norco 10/325 mg #60 1 Tab Q6-8 hrs is not medically necessary and appropriate.