

Case Number:	CM13-0057177		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2002
Decision Date:	06/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52 year male with an injury date of 02/21/02. Based on the 10/14/13 progress report provided by [REDACTED], the patient complains of back pain, rating it as an 8/10. The patient's diagnoses include the following: Low back pain with radiation to the lower extremities; Mild back pain; Headaches, daily and severe with occasional vomiting; Depression, continued due to chronic pain. [REDACTED] is requesting for one prescription of Norco 10/325 mg #120. The utilization review determination being challenged is dated 10/31/13. [REDACTED] is the requesting provider, and he provided treatment reports from 01/21/13- 12/09/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN-HYDROCODONE/ACETAMINOPHEN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: According to the 10/14/13 report by [REDACTED], the patient presents with back pain. The request is for 1 prescription of Norco 10/325 mg #120. The patient has been taking Norco since the earliest progress report provided (01/21/13). Reviewing the records, there is no discussion regarding how Norco has been instrumental in improving this patient's function and quality of life. There were no pain scales provided either. According to MTUS, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, MTUS guidelines state a physician must document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. Therefore, the request is not medically necessary.