

Case Number:	CM13-0058426		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2011
Decision Date:	05/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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, 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 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 64 year old who was injured on 9/21/2011. The diagnoses listed are low back pain, mid back pain, joints pain and neck pain. There are associated diagnoses of anxiety, depression and insomnia. The patient had previously had lumbar fusion surgery and completed home exercise programs. On a 12/27/2013 clinic visit, [REDACTED] noted that the pain score was 5/10 and the patient was off work. The medications are listed as Norco and Medrox patch. The 7/8/2013 urine drug screen was positive for hydrocodone while the urine drug screen from 12/27/2013 was positive for Norco, Temazepam and meprobamate a metabolite for Soma. A Utilization Review was rendered on 10/22/2013 recommending a modified certification for Norco 10/325mg #60 to #40 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG, #60:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that opioids can be utilized for the treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. It is recommended that documentation during chronic opioid treatment should include compliance monitoring measures such as pain contract, urine drug screen, absence of aberrant drug behaviors, and improvement in ADL/physical activities. The concomitant use of opioids with other sedatives such as muscle relaxants and benzodiazepines is associated with increased incidence of adverse drug effects and complications. The urine drug screen was consistent with the use of hydrocodone, Soma and temazepam. It is recommended that antidepressants with sedative and anxiolytic properties are more suited in the treatment of coexisting insomnia, anxiety and depression. The use of benzodiazepines and Soma is associated with higher incidence of tolerance, addiction and dependency. The patient did not meet the criteria for chronic use of Norco. The request is therefore not medically necessary and appropriate.