

Case Number:	CM13-0059334		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2005
Decision Date:	04/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Texas and New York. 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 50-year-old male who reported an injury on 02/15/2005. The mechanism of injury was noted to be that the patient slipped and fell on some oil. The patient's right foot got stuck under a car rack, and the patient fell forward, striking his forehead on the concrete. The documentation submitted for review indicated that the patient was taking Norco currently on the date of 04/25/2013. The patient's diagnosis was noted to be lumbosacral spondylosis. The office note dated 10/31/2013 revealed that the patient was in the office for an intrathecal pump refill and reprogramming as well as a medication refill. The patient's VAS score was average for 7 days and was noted to be a 7/10. The treatment plan indicated that the patient was stable on the current medication regimen, and the regimen had not changed in greater than 6 months; and as such, the patient would be prescribed 1 Norco 10/325 mg tablets 4 times a day (Quantity: 180.00) for a 6 week supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate documentation of objective improvement in function and an objective decrease in the VAS score. There was documentation that the patient was being monitored for aberrant drug behavior through urine drug screens. Given the above, the request for Norco 10/325 mg #180 is not medically necessary