

Case Number:	CM13-0062344		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2007
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 09/04/2007. Mechanism of injury information was not provided in the medical records. The most recent clinical documentation dated 11/26/2013 reveals the patient continued to have depression and anxiety with increasing pain and insomnia. The patient was to continue with psychiatric treatment in the form of psycho-pharmacotherapy and continue medications to include Wellbutrin 300 mg daily for depression, Seroquel 150 mg combined with Ambien 10 to 20 mg as needed at night to help with sleep, and Klonopin 2 mg a day for anxiety. The patient was status post fusion of the cervical spine, and continued to have significant complaints of pain, which he rated 10/10 on a VAS.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR NORCO 10/325 MG #120 WITH ONE (1) REFILL: 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): 78.

Decision rationale: Per California MTUS Guidelines, it stated that with the use of opioids to treat ongoing pain management, there should be ongoing review and documentation of pain

relief, functional status, appropriate medication use, and side effects. There should also be documented pain assessments provided in the medical record. There is no documentation of any ongoing review or documentation of the patient's pain relief with the use of the requested medication, or any significant increase in the patient's functional status. The patient has been taking the requested medication for a significant amount of time, and continues to have complaints of severe pain. As such, the medical necessity for the requested service cannot be determined at this time, and the request for Norco 10/35 #120 with 1 refill is non-certified. While the request does not meet the guidelines for the requested service, it is expected that the physician will follow the necessary guidelines for safe discontinuation of the medication.