

Case Number:	CM13-0067350		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2009
Decision Date:	05/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/17/2013

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, Pain Management and is licensed to practice in Florida. 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 47-year-old male who reported injury on 12/08/2009. The mechanism of injury was noted to be a fall down some stairs. The patient's medication history included opioids as of 03/2013. The objective findings on the examination that were dated 11/26/2013 revealed the patient had increased myofascial tone to the paraspinal musculature at the right L1 through L3. The patient had subjective complaints of continued pain to the low back, left thigh and left knee. The patient's diagnoses were noted to include status post meniscal repair x2 left knee and status post lumbosacral fusion at L4 as well as lumbar radiculitis. The request was made for a refill of Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Opioids, criteria for use when to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, 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, an 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 indicated the patient had been taking the medication for greater than 6 months. There was a lack of documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.