

Case Number:	CM14-0002343		
Date Assigned:	01/24/2014	Date of Injury:	02/01/2008
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 injured worker is a 45-year-old female who reported an injury on 02/01/2008. The mechanism of injury was the injured worker was punched in the left eye while restraining an out-of-control minor and subsequently was thrown across the room where she landed on another individual. The medication history included Nucynta ER 200 mg, Nucynta 50 mg, Soma, Norco 10/325 and Wellbutrin 75 mg as of 08/21/2013. The documentation of 12/23/2013 revealed the injured worker was in the office for a medication refill. The pain was intermittent. The injured worker had low back, leg and hip pain. With opioid medications, the injured worker indicated she had an increased sitting and standing tolerance that was improved by 80% as was her walking tolerance and lifting tolerance. Household chore tolerance was improved by 80%. The diagnoses included lumbar disc disorder, sacroiliac instability, acquired spondylolisthesis and radiculopathy. The treatment plan included Norco 10/325 mg, up to 8 tablets per day and it was indicated the physician was requesting authorization for Buprenorphine for long term maintenance therapy for the pain. It was indicated the injured worker had to go through withdrawals and required medication to function at an optimum level. Without medications, the injured worker was noted to be bedridden. The physician indicated that the request for Buprenorphine was to treat chronic pain. The injured worker signed an opioid agreement and had an appropriate urine drug screen on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, TWO (2) TABLETS FOUR (4) TIMES DAILY, AS NEEDED:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): page 60, ongoing management, page 78, opioid dosing, page 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects and that the cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The duration of use was greater than 3 months. The clinical documentation submitted for review indicated the injured worker had an objective increase in function; however, there was a lack of documentation of an objective decrease in pain. The cumulative dose would be 386.6 mg of daily morphine oral equivalents with all combined medication. The request, as submitted, failed to indicate the quantity for the requested medication. Given the above, the request for Norco 10/325 mg, two (2) tablets four (4) times daily, as needed is not medically necessary.