MAXIMUS Federal Services

Case Number:	CM14-0003057		
Date Assigned:	01/29/2014	Date of Injury:	01/18/2012
Decision Date:	07/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 01/08/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity. Physical examination of the lumbar spine revealed tenderness, muscle spasm, and painful with limited range of motion. Her gait was mildly asymmetrical and antalgic.Treatment to date has included a lumbar epidural steroid injection, medial branch block, radiofrequency ablation, acupuncture, and medications such as Axid, Flexeril, Lidocaine, Norco, Topamax, Voltaren, Zofran, Gabapentin, Omeprazole, and Ibuprofen.Utilization review from 12/13/2013 partially certified the request for Norco 10.325 mg sig q6 prn pain quantity: 120, refills: 2 into one refill because it was noted that there was good relief with its use, however, weaning should be initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION-NARCOTIC NARCO 10.325 MG SIG Q6 PRN PAIN QUANTITY: 120, REFILLS: 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since January 2013. Progress report from 01/08/2014 cited that patient reported stable functionality and denied adverse effects. Patient likewise did not manifest with aberrant drug behaviors. Guideline criteria were met. Therefore, the request for MEDICATION-NARCOTIC NORCO 10.325 MG SIG Q6 PRN PAIN QUANTITY: 120, REFILLS: 2 is medically necessary.