

Case Number:	CM14-0006737		
Date Assigned:	02/07/2014	Date of Injury:	02/14/2002
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 Family Medicine and is licensed to practice in Utah. 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 case involves a male patient, with a date of injury of 02/14/2002. The mechanism of injury is unclear at this time. There is a general lack of clinical documents at this time. Therefore, I am unable to determine what the patient has been diagnosed with anything other than Lumbar Disc Displacement, what the patient's treatments have included, what the physical exam findings are, which medications have been used, and what the outcomes of those medications are.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 75-79

Decision rationale: According to the clinical records, it is unclear how much Norco the patient was taking previously, if at all, and what the results/outcome of taking that medication was. The Chronic Pain Guidelines indicate that the ongoing management of opioids includes the

documentation of the prescriptions given from a single practitioner, prescriptions from a single pharmacy and that the lowest dose should be used to improve function. There should also be an ongoing review of the four (4) A's, which include: analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. There is a general lack of documentation. The documentation for the activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current guidelines; Norco is not indicated as medical necessity to the patient at this time.