

Case Number:	CM14-0007905		
Date Assigned:	02/07/2014	Date of Injury:	12/17/2003
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
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 Occupational Medicine, 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:

This is a 54-year-old female patient with the date of injury on 12/17/2003. On a 12/31/2013 office visit, the patient complained of anterior abdominal pain as well a back pain. On physical exam of the lumbar spine, the patient has no sciatica. The gait was normal, but the range of motion is limited. There was also paraspinous spasm. Neurological exam was intact. She was previously prescribed Norco 10/325/mg # 90 despite continued use, and there was no quantitative evidence of subjective or objective benefits. Recently, her prescription of Norco was certified for up to #21 on 1/29/2013. There is documentation of previous adverse determination on 01/03/2014 which resulted in modification of Norco 10/325 mg #90 to #14 between 11/26/13 and 3/3/2014 based on the fact that a taper had already been initiated. There was no quantitative evidence of resultant subjective or objective benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325 MG, #90: 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, HYDROCODONE/APAP,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with abdominal and back pain, and the patient took Norco 10/325 mg, #90. However, after continued use, there was no quantitative evidence of resultant objective and subjective benefit with Norco use. In addition, an opioid utilization timeline was not established. There is sparse information in the most recent medical report as to the domains of ongoing opioid management, including monitoring for diversion, abuse, side effects, or tolerance development; dosage adjustments, attempts to wean and taper, endpoints of treatment; and continued efficacy and compliance. Therefore, the request for Norco 10/325mg #90 was not medically necessary.