

Case Number:	CM14-0009462		
Date Assigned:	02/14/2014	Date of Injury:	06/22/1990
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 06/22/1990 secondary to walking down a flight of stairs. Her diagnoses include lumbar degenerative disc disease and lumbar spondylosis. Her current medications were noted to include Norco 10/325mg every 4 hours as needed. According to the medical records submitted for review, she has been using Norco since at least 07/09/2013. The injured worker was evaluated on 11/18/2013 and reported chronic intractable low back pain. She also reported that Norco provided her "excellent quality of life." She denied side effects of medications. On physical examination, she was noted to have tenderness over the bilateral L4-5 and L5-S1 facet joints. She was also noted to have normal motor strength of the lower extremities. The injured worker was recommended for a urine drug screen, a lumbar medial branch nerve block, and a refill of Norco 10/215. The documentation submitted for review failed to provide a Request for Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NORCO 10/325 #180: 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, 2010 REVISION, WEB EDITION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for a pharmacy purchase of Norco 10/325 #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. It was noted that the injured worker has used Norco since at least 07/09/2013. According to the most recent clinical note, the injured worker reported that Norco provided her "excellent quality of life." She denied any side effects to her medications. There is a lack of documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Norco. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Norco. Furthermore, the medical records submitted for review failed to provide a recent urine drug screen to monitor for appropriate medication use. In the absence of documentation of quantifiable pain relief, objective functional improvement, and a recent urine drug screen, the request for Norco is not warranted at this time. As such, the request for pharmacy purchase of Norco 10/325 #180 is not medically necessary.