

Case Number:	CM14-0110072		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2009
Decision Date:	10/06/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 patient is a 58-year-old female who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 07/08/2009. Medical records from 03/04/2014 to 07/01/2014 were reviewed and showed that patient complained of painful burning sensation of right foot. Physical examination revealed a slow gait with limp, 4/5 strength of right dorsiflexor, hypesthesia along the dorsal aspect of the right toes, and intact DTRs. Treatment to date has included Norco 5/325mg (quantity unspecified; prescribed since 03/04/2014), Lyrica, and Neurontin. Of note, there was no documentation of functional outcome with pain medications. Utilization review dated 07/09/2014 modified the request for Norco 5/325mg #120 to Norco 5/325mg #60 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 5/325mg (quantity unspecified) prescribed since 03/04/2014. However, there was no documentation of analgesia or functional improvement to support continuation of opiates treatment. Therefore, the request for Norco 5/325mg #120 is not medically necessary.