MAXIMUS Federal Services

Case Number:	CM14-0110175		
Date Assigned:	08/01/2014	Date of Injury:	01/07/2003
Decision Date:	10/08/2014	UR Denial Date:	06/26/2014
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 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:

There were 217 pages provided for review. The request for independent medical review, signed on July 10, 2014, was for non-prescription Norco 10/325 mg #180 with five refills, which was non-certified by utilization review. Per the records provided, the claimant was described as a 45-year-old woman injured in 2003. The records show the use of multiple daily tablets of Hydrocodone/Acetaminophen since at least February 2013. There is a history of depression and opiate dependence. A urine drug screen done on March 5, 2013 showed a controlled substance which was not prescribed. As of June 10, 2014, there was low back pain. The severity of the pain was not specified. There was limited motion of the low back. The diagnosis was postoperative back pain, but surgery was done in 2003 and 2004. The opiates allegedly were needed in order for the patient to remain functional, such as getting out of bed in the morning. Disability however persisted despite the medicine, and there were no measurable significant gains in function over time and within the past six months. Several prior reviews had determined that the use of the opiates was not medically necessary and weaning should be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: In regards to Opiates for long-term use, the MTUS poses several analytical questions, including: has the diagnosis changed? What other medications is the patient taking? Are they effective? Producing side effects? What treatments have been attempted since the use of opioids? And what is the documentation of pain and functional improvement as compared to baseline? These are important issues, and they have not been addressed in this case. In particular, there is no documentation of functional improvement with the regimen. The request for long-term opiate use is not certified per MTUS guidelines and review of the record.