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| Case Number: | CM14-0118608 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 11/11/1998 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/10/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43 year old male with a date of injury on 11/11/1998. The mechanism of injury occurred while lifting a heavy object. The diagnoses included lumbar spondylosis, myofascial pain syndrome, and bilateral knee pain. Prior treatment included going to the gym two times a week and physical therapy. The surgical history included discectomy and lumbar fusion at L5-S1, and arthroscopic surgery on both knees. The injured worker's subjective complaints on 06/06/2014 were constant lower back pain worsened by twisting and bending. The physical examination revealed lower back pain of 06/10, lumbar spasms, and difficulty sleeping. The effects of Norco were also documented to provide pain relief of 65 percent for 5-6 hours; he is able to work full time, and adverse effect of occasional dyspepsia. The medications were Norco 10/325mg three times a day, Skelaxin 800mg twice a day, Ibuprofen 600mg four times a day as needed, Zantac 150mg daily. The plan was to continue Norco. The request for authorization form and a clear rationale for the request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, Days Supply 30, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

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

Decision rationale: The request for Norco 10/325mg, day supply 30, QTY 90 is not medically necessary. The California MTUS Chronic Pain Guidelines state for the "ongoing monitoring of patients taking opioid medications, documentation should address the 4 A's for Ongoing Monitoring. These include analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior." It was noted that the patient has been taking Norco since at least 01/06/2014. Documentation shows that he reported 65% pain relief with use of this medication. He also reported the ability to return back to work full time and occasional dyspepsia. There were also no aberrant behaviors noted and his urine drug screen on 06/09/2014 was consistent with his prescribed medications. Therefore, continuation of Norco would be supported. However, the request does not have a medication frequency. As such, the request is not medically necessary.