

Case Number:	CM14-0118982		
Date Assigned:	08/06/2014	Date of Injury:	06/12/2007
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 64 year old male with a 6/12/07 date of injury to his low back with radiation to the right leg. He has had several admissions to multiple hospitals for pain control. The patient was seen on 7/3/14 with complaints of right hip pain after he was stepping off a curb. He states that his pain is improved with Norco and he requires 4-5 per week. He also indicates that sometimes he goes completely without his Norco. Exam findings revealed no tenderness in the lower back, tenderness over the right hip and pain with internal and external rotation. Prior notes documented an L5 radiculopathy. Treatment to date consists of medications and physical therapy. An adverse determination was received on 7/14/14 given there is a lack of documentation with regard to improvements in pain, as well as ongoing functional improvements. In addition, there is no evidence of an attempt to taper medication or create a pain contract. The decision certified #75 to allow for a taper.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325MG QTY 75: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and taken as directed, are prescribed at the lowest possible dose and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication chronically since at least 2010. There is a lack of recent documentation to support a decrease in VAS or ongoing functional gains with this medication. On recent documentation, the patient states that he uses 4-5 Norco per week and sometimes none at all. There is no recent evidence of monitoring in the form of CURES reports or consistent urine drug screens. In addition, the UR decision certified #75 tablets in order to initiate a taper. Therefore, the request for Norco #300 was not medically necessary.