

Case Number:	CM14-0139197		
Date Assigned:	09/05/2014	Date of Injury:	06/06/2008
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 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 60-year-old male with a 6/6/08 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/7/14, the patient reported that he was doing better overall. Both the back and hips seem to have calmed down without a major flare. However, he stated that he does get some increase pain episodically when he exercises more. His pain and function have worsened, as recorded in a pain diagram. He does get some benefit from Norco. Objective findings: a detailed exam was not done. Diagnostic impression: traumatic pelvic region and thigh, lumbar intervertebral disc degeneration, late effects sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 8/21/14 denied the request for Norco #100 with 2 refills to #100 with no refills in order to facilitate continued use while clarification is provided before future requests. The documentation provided does not conform to the recommendations of CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient has noted that his pain and function have worsened and only gets "some" benefit from Norco. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of urine drug screens or CURES monitoring. Lastly, the quantity of medication requested is not noted. Therefore, the request for Norco 5/325 mg was not medically necessary.