

Case Number:	CM14-0154289		
Date Assigned:	09/23/2014	Date of Injury:	04/20/2007
Decision Date:	10/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

The request was a prospective request for one prescription of Norco 10\325 mg number 180 and one prescription for Nortriptyline 25 mg number 93 refills. The prescription for the Norco was modified to a certification of one prescription of Norco 10\325 mg number 90 between August 28, 2014 and November 11, 2014. It originally was from 180. The prospective request for the prescription of Nortriptyline 25 mg number 90 with three refills between August 28, 2014 in January 10, 2015 was medically necessary. As of August 28, 2014 progress report, the patient's objective findings included low back pain rated at seven out of 10. The pain was constant, aching, sharp, shooting, and stabbing. He also had a right-sided leg pain. He continued his home exercise. He also has a profound depression. Treatments have included Norco, Nortriptyline, and the patient will follow-up in four weeks. Continued weaning of the Norco is appropriate. Continuation is not supported. The Nortriptyline was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as 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 and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.S guideline review.