

Case Number:	CM14-0171282		
Date Assigned:	10/23/2014	Date of Injury:	03/08/2002
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/16/2014

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 48-year-old female with a 3/8/02 date of injury. According to a progress report dated 9/4/14, she rated her pain at a 10/10 but stated that it averages 7/10. She stated that her medications do help her to tolerate her pain and improve her ability to sit, stand, and walk. She stated that she was experiencing an increase in muscle spasms in the lumbar area as well as the left buttock. She overdid it while running some shopping errands and was experiencing a flare-up of her symptoms. Objective findings: spasm present in lumbar paravertebral region, tenderness noted in bilateral lumbar paravertebral regions, tenderness present in left buttock. Diagnostic impression: lumbar degenerative disc disease. Treatment to date: medication management, activity modification. A UR decision dated 9/30/14 modified the request for Norco #90 with 1 refill to #45 with zero refills. The previous approval of this medication was modified to Norco #45 and the remainder being non-certified due to lack of evidence of functional improvement. There is still lack of evidence of functional improvement; however, there was no evidence that the reduced dosage of Norco negatively affected the patient. As such, the previous certification of Norco is assumed to be the minimum dosage of opioid medication to achieve proper pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325 mg # 90 with one refill: 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 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, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, recent urine drug screen, or CURES monitoring. Therefore, the request for One prescription of Norco 10/325 mg # 90 with one refill was not medically necessary.