

Case Number:	CM14-0174039		
Date Assigned:	10/27/2014	Date of Injury:	07/21/2005
Decision Date:	12/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/22/2014

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 in Pain Medicine and Orthopedic Surgeon and is licensed to practice in Texas and Virginia. 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 59-year-old female who reported an injury on 07/21/2005 due to an unknown mechanism. Diagnoses were carpal tunnel syndrome; degeneration of lumbar or lumbosacral intervertebral disc; depressive disorder, not elsewhere classified; malignant neoplasm of cervix uteri, unspecified; obesity, unspecified; other and unspecified hyperlipidemia; pain in joint involving lower leg; unspecified essential hypertension; lumbago; and sciatica. The physical examination dated 10/10/2014 revealed that the injured worker was in for a follow-up visit of the lumbar disc disease. The injured worker had surgery in 04/2014. The injured worker had less numbness in the leg and less back pain, especially when seated in a car. It was reported that she was still having pain although she was taking her usual pain medications. The treatment plan was to refill medications. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG, #120 times 3: Upheld

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

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

Decision rationale: The decision for Norco 10/325 mg, #120 times 3 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. It is also recommended that the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request would not be medically necessary.