

Case Number:	CM14-0176475		
Date Assigned:	10/29/2014	Date of Injury:	07/29/2000
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 New York and North Carolina. 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 patient, a 61 year old man, a former steel fabricator, claims injury 7/29/2000. He has long term low back pain and hip pain. He is requesting the reversal of the 10/16/14 denial of Norco 10-325 mg #60. He has noted improvement in pain with the use of the medication. The reviewer notes that the provider has not addressed the "4 A's" suggested in ongoing opioid management. They recommended weaning the medication. On 9/23/14, the provider notes that without medications, the patient is unable to do anything. Medications include flurbiprofen-lidocaine cream, doxepin, Slow K, cyanocobalmin, amitriptyline cream, Ambien CR, orphenadrine, Toradol (IM), diclofenac, Norco, Lyrica, Lasix and B-12 and Toradol combo injections, and Viagra. He tested negative for amphetamines, benzodiazepines, barbiturates, cocaine, methadone and opiates. He is noted to be permanently disabled, and no work status noted. Side -effects from medication include constipation and erectile dysfunction. He is ambulatory and can perform self care and drive. He cannot complete any house work or yard work. In April 2014, he was found to have pain at the level 6/10 with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Review for Norco 10-325 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids (Criteria for use) Page(s): 79-80.

Decision rationale: The chronic pain guidelines of the MTUS indicate that opioids should be continued when a patient has returned to work, and if the patient has improved functioning and pain. This patient does not have any clear work status indicated, although his status is "permanently disabled." There is no indication that the patient has improved functioning or objective evidence of improved pain. There was one VAS given in April, without any comparison, to understand the impact of Norco on his pain. There was information about the patient's ability to drive and perform self-care, but no objective indication that function is improve on Norco. The medical necessity of the medication has not been established, and the denial is upheld.