

Case Number:	CM14-0180377		
Date Assigned:	11/05/2014	Date of Injury:	07/22/2008
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury of unspecified mechanism on 07/22/2008. There was only 1 page of pertinent clinical data submitted for review. Her complaints included neck, lower back, left shoulder, and left knee pain. It was noted that "her medications were working well." The only medication submitted for review was amitriptyline 10 mg. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg take one tablet three times per day as needed qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg take one tablet three times per day as needed qty 90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain,

increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin or anticonvulsants, quantified efficacy, or drug screens. The clinical information submitted failed to meet the evidence based guidelines for this medication. Therefore, this request for Norco 10/325 mg take one tablet three times per day as needed qty 90 is not medically necessary.