

Case Number:	CM14-0186049		
Date Assigned:	11/13/2014	Date of Injury:	05/22/2009
Decision Date:	12/23/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of May 22, 2009. A utilization review determination dated October 23, 2014 recommends noncertification of Norco. A progress report dated October 13, 2014 identifies subjective complaints of low back pain radiating into the legs and bilateral wrist and hand pain. The note indicates that the medicine helps 50%, causes no side effects, and is well tolerated. The pain level is currently 6/10. Objective findings reveal lumbar spine range of motion is restricted. The remainder of the objective examination is largely illegible. Diagnoses include low back pain with radiculopathy and facet syndrome. The treatment plan recommends refilling medication, a home exercise program, anti-inflammatory medication, and await a stellate ganglion block. A progress report dated September 15, 2014 indicates the medications help 50% and record a pain score of 6-7/10. A urine drug screen performed on September 3, 2014 is positive for hydrocodone and metabolites. A progress report dated August 26, 2014 indicates that the patient's pain is 8/10 with medication. A progress report dated August 13, 2014 indicates that the patient receives a proximally 40 to 50% relief of his symptoms with the medication. The medicine allows him to get out of bed, perform activities of daily living. Without medication he would not have much quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg with 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk Reference, 68th Edition and on the Official Disability Guidelines (ODG), www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009), Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. However, guidelines recommend ongoing monitoring when using opiate pain medication. The current treatment being considered includes 240 refills. 240 refills would not allow for the monitoring recommended by guidelines. It is acknowledged, that this is likely a typo. Unfortunately, there is no provision to modify the current request to clarify that issue. Therefore, the request for Norco is not medically necessary.