

Case Number:	CM14-0021550		
Date Assigned:	05/07/2014	Date of Injury:	09/09/2004
Decision Date:	08/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 Texas and Oklahoma. 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 45-year-old female with a reported date of injury on 09/09/2004. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include neck sprain, cervical spondylosis, right knee and ankle tendinosis and lumbar region sprain. Her previous treatments were noted to include physical therapy and medications. The progress note dated 12/18/2013 revealed the injured worker rated her neck pain as 5/10 and low back pain as 6/10. The physical examination revealed tenderness to the lumbar spine and cervical spine. The neurological examination was within normal limits to the upper and lower extremity. The Request for Authorization Form dated 12/18/2013 was for Norco 5/325 mg #60 one tablet every 6 hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG, #60 FOR 15 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The request for Norco 5/325 mg #60 for 15 days is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the request for at which this medication is to be utilized. As such, the request is not medically necessary.