

Case Number:	CM14-0027412		
Date Assigned:	06/13/2014	Date of Injury:	06/08/2006
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/04/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, chronic pain syndrome, and derivative mental health issues reportedly associated with an industrial injury of June 8, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long and short-acting opioids; anxiolytic medications; and antidepressant medications. In a Utilization Review Report dated February 4, 2014, the claims administrator partially certified a request for Norco, reportedly for weaning purposes. The claims administrator did not, it is incidentally noted, incorporate cited guidelines into its rationale. The claims administrator discussed guidelines in the body of its report which were not subsequently cited. The guidelines which were cited were not employed in the rationale. The applicant subsequently appealed. In an October 3, 2013, progress note, the applicant was given a diagnosis of chronic pain syndrome. The applicant was reportedly taking 12 tablets of methadone daily, it was stated. The applicant reportedly found that she did not require much Norco. The applicant further states that she does not require a refill of Valium. She was given Viibryd, an antidepressant, which she stated has been more effective than previously used Celexa. The applicant's work status was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, the applicant and her attending provider have reported that opioid monotherapy with methadone is effectual and the applicant found that she does not therefore need to employee Norco. It is unclear, then, why Norco is in fact being sought. No rationale for continued usage of the same was provided. Therefore, the request is not medically necessary.