

Case Number:	CM14-0031047		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2003
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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, and is licensed to practice in Texas and New York. 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 54 year old female with a reported injury on 01/03/2003. The mechanism of injury was not provided. The injured worker had an exam on 02/12/2014 with complaints of neck pain, headaches, and upper extremity pain, on a scale of 9/10 before medication and as low as 3/10 after medication. She reported that the pain works in about 30 to 40 minutes and lasts a good four hours, allowing her to cook, clean, walk and do some self-care. She did not report any side effects of the medication. Her list of medications included Norco, Effexor, Flexeril and Voltaren gel. Her diagnoses were neck pain, low back pain, history of fibromyalgia and chronic pain syndrome. The treatment plan was to continue her on her medications. The request for authorization was signed 03/03/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for One prescription of Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

Decision rationale: The request for retrospective one-prescription of Norco 10/325mg #360 is non-certified. The California MTUS Guidelines recommend that four domains are most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. There was no evidence provided for physical and psychosocial functioning. There was no evidence of a urine drug screen to monitor potential aberrant drug-related behaviors. The guidelines also recommend weaning the opioids. There is no evidence that weaning has been attempted. Furthermore the request does not specify directions as to how to take the medication. Therefore the request for Norco is non-certified.