MAXIMUS Federal Services

Case Number:	CM14-0032062		
Date Assigned:	06/20/2014	Date of Injury:	08/23/2006
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/13/2014

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. 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 63 year old male who sustained an injury on 08/23/06 while picking up a box of files. The injured worker developed complaints of low back pain after feeling a pop. The injured worker was previously utilizing Vicodin for pain management. The injured worker was being followed by a treating physician for pain management. Per the treating physician's report on 01/23/14, the injured worker was previously placed at maximum medical improvement (MMI) in October of 2012. The injured worker reported low back and right lower extremity complaints at 6/10 on the visual analogue scale (VAS). Medications being utilized at this visit included Vicodin 5/500mg as well as Vicodin 100mg prescribed by a different physician. The injured worker was prescribed Norco 5/325mg to be taken every 12 hours at this evaluation. Vicodin 5/500mg was discontinued. The treating physician did not discuss the other prescription for Vicodin the injured worker was receiving from a different physician. The requested Norco 5/325mg, quantity 60 with 5 refills was denied by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) Page(s): 88-89.

Decision rationale: In regards to the request for Norco 5/325mg, quantity 60 with 5 refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation submitted for review as well as current evidence based guidelines. It is noted that the prior utilization report modified the request to a quantity of 60 to facilitate weaning. This reviewer would agree with the prior utilization opinion. The clinical documentation provided for review did not identify any specific functional benefit or pain reduction obtained with the use of Norco that would have supported its ongoing use especially with the request for 5 refills. Per guidelines, there should be ongoing review regarding pain relief, functional status, and any side effects reported from medications. This was not specifically noted in the clinical reports provided for review. Furthermore, there is a noted separate prescription for Vicodin 100mg being prescribed by another physician. The clinical reports did not specifically discuss this polypharmacy. Guidelines do recommend that injured workers obtain controlled substance medications from only one physician. As the clinical documentation provided for review did not support the efficacy obtained with the continuing use of Norco, the request is not medically necessary.