

Case Number:	CM14-0042266		
Date Assigned:	06/30/2014	Date of Injury:	02/04/2008
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 patient is a 45-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of February 4, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic low back, hip, and lower extremity pain. The patient ambulates without assistance and has a normal gait. There is no documentation of other pertinent physical examination results from the records submitted. Treatment to date has included Norco, Flexeril, Ibuprofen, Messina and pain management counseling sessions. Utilization review from March 21, 2014 modified the request for Norco 10/325MG, #60 with 2 refills to Norco 10/325MG, #40 with no refills for the purpose of weaning from opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: 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): 78-81.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been prescribed Norco since 2013. However, objective evidence of improvement is not clear. The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.