MAXIMUS Federal Services

Case Number:	CM14-0043816		
Date Assigned:	07/02/2014	Date of Injury:	04/01/2005
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation has 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 injured worker is a 43-year-old male who reported an injury, 04/11/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 02/18/2014 indicated diagnoses of depression disorder, lumbar radiculopathy and post lumbar fusion. The injured worker had significant problems with fentanyl patches, history of ureteral lithiasis, and abdominal pain and nausea unclear etiology. The injured worker reported he received 250 tablets of morphine sulfate extended release 15 mg last month and reported he had a lot of nausea, vomiting and diarrhea. The injured worker reported the insurance stopped paying for his medications, therefore, he bought his own morphine sulfate but he reported he stopped Wellbutrin, Cymbalta and Seroquel. The injured worker reported ongoing pain and anxiety was very high. The injured worker reported MS-Contin works better. The injured worker reported his pain was rated 5/10 with no side effects. The injured worker reported no change in low back and leg pain and reported his left leg goes numb and he reported severe anxiety. The injured worker reported it was hard to get out of bed. The injured worker reported with medication his pain was rated at 4/10. The injured worker reported fentanyl worked but temperature changes made the fentanyl patch not work as well. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included MS-Contin, Wellbutrin, Cymbalta, Seroquel and Lunesta. The provider submitted request for Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (1) q4-6 hrs #120 to allow the IW this one refill for the purpose of weaning to below 120 MED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) TWC 2014 Pain Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as 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 (or non-adherent) drug-related behaviors. The request for Norco 10/325mg 1 every 4 to 6 hours 120 tablet was modified on 03/25/2014. The most recent clinical note is dated 02/18/2014, an updated clinical note is needed. Therefore, the request for Norco 10/325mg (1) q4-6 hrs #120 to allow the IW this one refill for the purpose of weaning to below 120 MED is not medically necessary.