

Case Number:	CM14-0045350		
Date Assigned:	06/27/2014	Date of Injury:	06/22/2005
Decision Date:	08/14/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 6/22/05. A utilization review determination dated 3/14/14 recommends modification of Norco from #30 with 2 refills to #23. A 3/7/14 medical report identifies that Norco reduces pain by 35% to 45%. He becomes more active and is able to walk more easily. Duration of action is approximately 5 hours. He is concerned about constipation and the effects of medication on the liver and therefore is hesitant to use more than 1-2 tablets per day. A 9/3/13 medical report identifies that urine drug screening was done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 30, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Norco.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California's Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. ACOEM states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Due to

high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective measures of functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes pain relief and improved ability to walk with use of Norco. However, the patient's current pain level is not specified, and it is noted that the patient is only using one tablet per day, which is not highly suggestive of the severe pain for which opioids are supported per the CA MTUS and ACOEM. Furthermore, there is no documentation of appropriate medication use as evidenced by consistent urine drug screening. Although a drug screen has been performed, there is no discussion regarding the results. In light of the above issues, the currently requested Norco is not medically necessary.