

Case Number:	CM14-0045689		
Date Assigned:	06/27/2014	Date of Injury:	11/10/2006
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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 61-year-old male with a 11/10/06 date of injury. The mechanism of injury was not noted. According to a 3/11/14 progress note, the patient complained of pain in his neck, back, and extremities. He denied radiating pain. He stated that acupuncture has helped lower his overall pain level by at least 30% overall. Objective findings: palpable twitch positive trigger points noted in the muscles of the head and neck, pain noted over the lumbar intervertebral spaces (discs) on palpation, palpation of the bilateral sacroiliac joint area reveals right and left sided pain, anterior flexion of lumbar spine is noted to be 60 degrees, anterior lumbar flexion causes pain. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 3/20/14 modified the request for Norco to 90 tablets to permit weaning off. A prior UR determination had recommended weaning off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. According to the UR decision dated 3/20/14, a previous UR decision had also recommended weaning the patient off of Norco. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the UR decision from 3/20/14 had modified this request for 90 tablets of Norco for weaning purposes. It is unclear why the physician is submitting this request. Therefore, the request for Norco 10 mg #90 is not medically necessary.