MAXIMUS Federal Services

Case Number:	CM14-0083455		
Date Assigned:	07/21/2014	Date of Injury:	09/20/2004
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 9/20/04. A utilization review determination dated 5/28/14 recommends modification of Norco from #180 to #15. 4/23/14 medical report identifies back pain radiating down right leg. Pain has decreased since last visit and is 4/10 in leg and 6/10 in low back with medication. Activity level has increased. Patient is taking medications as prescribed and no side effects are reported. Patient is s/p lumbar ESI 3/28/14 with 70% decrease in RLE pain. On exam, lumbar spine ROM is limited and there is tenderness. SLR is positive on the right side in sitting at 10 degrees. Tenderness noted over the SI spine. Weakness is noted in various myotomes and ankle jerk is 1/4 on the right versus 2/4 on the left. Patient reported current pain regimen working well to decrease pain and allow maintenance of ADLs. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective 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, there is mention of decreased pain and increased activity, but no specifics are noted in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS. Additionally, there is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.