

Case Number:	CM14-0096682		
Date Assigned:	07/23/2014	Date of Injury:	11/18/2004
Decision Date:	08/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 injured worker is a 59-year-old male who reported an injury on 11/18/2004. The mechanism of injury was a motor vehicle accident. The diagnosis included lumbar herniated disc, status post right ankle arthroscopy, and right knee internal derangement as well as chronic pain. Medications included opiates, Soma, and Neurontin as of 2006. The injured worker underwent a urine drug screen on 02/03/2014. The documentation of 05/05/2014 revealed the injured worker has subjective complaints of pain in the left ankle. The injured worker's blood pressure was 161/101 and the pulse was 71. The treatment plan included a renewal of Norco 10/325 mg #120 1 tablet every 6 hours as needed for pain, Prilosec 20 mg 1 tablet twice a day for gastritis secondary to NSAID intake, and Soma 350 mg 1 tablet 3 times a day as needed for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 + 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The injured worker was utilizing the medication since early 2014. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through the use of urine drug screens. However, there was a lack of documentation indicating the injured worker was being monitored for side effects. There was a lack of documentation of an objective decrease in pain as well as an objective improvement in function. The clinical documentation failed to indicate a necessity for 2 refills without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 plus 2 refills is not medically necessary.