

Case Number:	CM14-0184202		
Date Assigned:	11/12/2014	Date of Injury:	12/19/1997
Decision Date:	02/25/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 53year-old female with a 12/19/1997 date of injury. According to the 10/3/14 pain management report, the patient presents with chronic low back pain. She has cut back on MS Contin from 2/day to 1/day, but still requires 5-6 tablets of Norco 10/325mg for breakthrough. The physician is frustrated at the UR and IMR denials, but still does not provide any indication that the medications reduce pain, or discuss any improvement in any specific functions or mention frequency or duration of tasks with and without medications to show functional improvement. On 10/27/14 utilization review modified a request for Norco #360 to allow #60, because there was no available documentation of compliance or efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for opioids Page(s): 74-96.

Decision rationale: The patient has been on long-term opioid therapy since before 2002. The MTUS criteria for opioids, pages 74-96, requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. The request for Norco 10/325mg x 360 IS NOT medically necessary.