

Case Number:	CM14-0190362		
Date Assigned:	11/21/2014	Date of Injury:	08/30/2010
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 33-year-old male with an 8/30/10 date of injury. At the time (10/31/14) of request for authorization for Norco 10/325 mg 360 tablets, there is documentation of subjective (persistent low back pain) and objective (tenderness to palpation of paraspinal muscles of the lumbar spine, decreased range of motion) findings, current diagnoses (chronic interscapular upper thoracic pain, and chronic low back pain with left lower extremity pain), and treatment to date (activity modification, physical therapy, TENS, acupuncture, chiropractic, and medications (including ongoing use of Norco since at least 9/10)). 10/22/14 medical report identifies decrease pain from 7/10 to 5/10 with medications, that the patient is able to carry out activities of daily living, that the patient has some GI upset with medications, that the patient has a signed pain agreement on file. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 360 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic interscapular upper thoracic pain, and chronic low back pain with left lower extremity pain. In addition, given documentation that the patient has a signed pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Norco since at least 9/10 and despite documentation of decrease pain from 7/10 to 5/10 with medications and that the patient is able to carry out activities of daily living, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg 360 tablets is not medically necessary.