

Case Number:	CM14-0197549		
Date Assigned:	12/05/2014	Date of Injury:	04/04/2008
Decision Date:	01/31/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 4/4/08. A utilization review determination dated 11/17/14 recommends modification of Norco from #120 to #68. 11/6/14 medical report identifies low back and leg pain, worse without having the injection. Norco helps control the increasing pain so he can stay active. Medications are helpful and well tolerated. He is able to do work on his property and spend more time with family. Pain is 9/10 without medication and 4/10 with medication. On exam, there is unspecified weakness and decreased sensation, tenderness, limited ROM, and positive SLR bilaterally. UDS is done regularly and has been consistent. He is getting medications from one provider and one pharmacy. Opiate agreement has been signed and there are no side effects other than GERD, which is controlled with omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: Overturned

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 Page(s): 44, 47, 75-79, 120 OF 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. 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 indication that the medication is improving the patient's function and pain and there is no indication of intolerable side effects or aberrant use. UDS is done regularly and has been consistent. The patient is getting medications from one provider and one pharmacy. Opiate agreement has been signed. In light of the above, the currently requested Norco is medically necessary.