

Case Number:	CM14-0200045		
Date Assigned:	12/10/2014	Date of Injury:	08/20/1998
Decision Date:	02/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Pain Medicine 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 62 year old female who suffered a work related injury on 08/20/1998. The injured worker has diagnoses of right shoulder pain following arthroscopy, status post lumbar fusion, periodontal disease, multilevel cervical disc desiccation and bulging with stenosis. A physician progress note dated 10/20/2014 documents the injured worker continues to complain of persistent low back pain and right leg pain. On examination she walks with a slow, deliberate gait. She walks with an antalgic gait. There is tenderness about the paraspinal muscles and mild spasm is present. Range of motion is restricted. She can flex to 30 degrees, and extend to 20 degrees. Rotation is 40 degrees bilaterally. Bending is 20 degrees bilaterally. Muscle strength is 5/5 in the lower extremities. The injured worker is not working, she is permanent and stationary. Treatment is with medications. Treatment request is for Norco 10/325mg, # 60. A progress report dated October 20, 2014 states that the Norco "has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." A letter dated November 19, 2014 from the patient states that the treating physician did not provide the information required for the work comp services. The note goes on to state "he basically refused to do anything further and would not even prescribe the approved Norco and Ultram." The patient goes on to state that the medications improve pain and ability to sleep and that there have been no side effects from taking the medications. The medications are necessary for "well-being and quality of life." Utilization Review dated 11/11/2014 non-certified the request for Norco 10/325mg, # 60 citing California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines-Opioids. Records suggest that the injured worker has been on chronic Norco use. Guidelines recommend that documentation and review of pain relief, functional status and appropriate medication use as well as side effects should be done with ongoing opioid

management. It was noted that Norco was able to reduce the injured workers pain to a point that she was able to perform some ADLs and was able to help provide relief of her moderate to severe pain. However, objective documentation on functional improvement with continued Norco use was not noted. There was not a recent urine drug screening to monitor the patient's compliance. The medical necessity of this request has not been established at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, specific drug list.

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): 44, 47, 75-79, 120.

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 with no side effects. It is acknowledged, that there should be better documentation regarding current attempts at abuse deterrence like urine drug screens and an opiate agreement. However, a one-month prescription as requested here, should allow the requesting physician time to document the additional information. In light of the above, the currently requested Norco is medically necessary.