

Case Number:	CM14-0200473		
Date Assigned:	12/10/2014	Date of Injury:	10/27/2008
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old male with a work injury dated 10/27/08. Under consideration are requests for Norco 10/325 mg, every six hours when necessary. The diagnoses include lumbar degenerative disc disease with radiculopathy, stenosis, right knee instability with ACL and MCL laxity with meniscal tear. Under consideration are requests for Prilosec 20 mg bid # 60. There is a 10/14/14 progress note that states that the patient has severe neck pain, headaches-occipital, low back and knee pain. The findings are weakness, restrictive range of motion and +MRI. The treatment plan includes Norco, Omeprazole and remains off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, every six hours when necessary: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325 mg, every six hours when necessary is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain

Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has been receiving this medication dating back to at least 2013. Per documentation on prior utilization review it notes that the patient was to be previously weaned off of narcotic medications. The documentation does not reveal evidence of significant functional improvement despite taking Norco. The request, additionally, does not indicate a quantity. For these reasons the request for Norco 10/325mg every 6 hours is not medically necessary.