

Case Number:	CM14-0202403		
Date Assigned:	12/15/2014	Date of Injury:	03/20/2000
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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 Occupational 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 individual is a 57 y/o female who has developed a chronic pain disorder subsequent to an injury dated 3/20/2000. She has been diagnosed with a right upper extremity CRPS syndrome, cervical pain, frequent head pain and lumbar pain with a radiculitic component. She is treated with electric stimulation, botox injections and oral analgesics. Utilization Review approved MS Contin, Neurontin, Trazadone, Lunesta and antidepressant. Norco 10/325mg was modified from #120 to #60. The Norco is office dispensed. There is no detailed documentation of the specific use patterns of the Norco and there is no documentation of functional benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: MTUS Guidelines have very specific recommendations to justify the long-term use of opioids for chronic non-cancer pain. These recommendations include a detailed accounting of how the medications are utilized, length of pain relief and functional benefits. The

Guideline standards are not meet. There is no detailed reporting of day-to-day use patterns, there is no reporting of the level of pain relief and there is no report of functional benefits as a result of use. Under these circumstances, the Norco 10/325mg #120 is not consistent with guidelines and is not medically necessary.