

Case Number:	CM14-0204872		
Date Assigned:	12/17/2014	Date of Injury:	03/09/2010
Decision Date:	02/11/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 48 y/o male who developed chronic spinal, left upper extremity and right foot/ankle problems subsequent to an injury dated 6/18/08. He is diagnosed with chronic low back pain, cervical pain, left wrist instability, and s/p left carpal tunnel release. He has taken Norco on a long term basis, but the prescribing has recently changed from 1 provider to another provider who appears to be the primary treating physician. There are no reported benefits from opioid use. There is no reported of how or when the medication is used and the functional benefits from use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 60: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific regarding the standards necessary for responsible prescribing of long-term opioids. These standards include careful evaluations of the amount of pain relief, how long the pain relief lasts and functional benefits. These standards are

and have not been met to support the long term prescribing of Norco. Under these circumstances, the Norco 10/325mg #60 is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screens.

Decision rationale: MTUS Guidelines support the use of drug screening when opioids are utilized, but they do not provide details regarding the appropriate type or frequency of screening. Drug screenings are recommended at the initiation of opioid use and repeat testing depending upon risk stratification. The opioid is denied and the request for screening every 3 months would not be consistent with Guidelines. The Urine toxicology screen is not medically necessary.

Orthopedic Follow-Up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MUTS Guidelines support the use of specialty consultations/evaluations if the treating physician requests additional medical expertise. The request for Orthopedic follow up is medically necessary.