

Case Number:	CM14-0205505		
Date Assigned:	12/17/2014	Date of Injury:	06/23/2004
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
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 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:

The injured worker's original date of injury was June 23, 2004. The industrial diagnosis is chronic lumbar spine pain. A progress note on September 22, 2014 documents that the patient continues on Relafen, Prilosec, Soma, and Norco which "relieves the effects of his industrial injury and allows him to function at his current level." There is documentation that the medications are well tolerated. There is also documentation in this note that the patient is seen every six months. A follow-up progress note on date of service October 22, 2014 indicates that the patient is tolerating narco well. The requesting provider feels that a wean of this medication is not appropriate as it will increase his pain symptoms, and the medications allow him to function at his current level. The disputed issue is a request for Norco. An associated request for authorization that is dated November 10, 2014 request for Norco 5/325 mg, quantity number 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco 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 further specify for discontinuation of 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 the documentation specifies there are no side effects. However, there is no discussion regarding aberrant use. This can take the form of opioid screen tools, CURES database queries, or urine drug testing. This is a requirement for ongoing use of opioids, and therefore without this information, the request is not medically necessary.