MAXIMUS Federal Services

Case Number:	CM15-0004232		
Date Assigned:	01/15/2015	Date of Injury:	08/17/1983
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 is a 65-year-old male who reported an injury on 08/17/2003 due to a fall. The injured worker's treatment history included physical therapy and multiple medications. The injured worker was evaluated on 12/11/2014. It was documented that the injured worker's medications included Norco 10/325 mg. It was documented that the injured worker did not have any side effects resulting from medication usage. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker had pain relief from a 9/10 to 5/10 with medication usage. It was noted that the injured worker had lost their medications at this appointment. Physical findings included a positive straight leg raising of the right leg at 50 degrees and decreased sensation in the L5-S1 distribution. The injured worker's diagnosis included lumbar radiculitis. A request was made for a refill of medications. A Request for Authorization dated 12/11/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120, one refill: Upheld

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

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

Decision rationale: The requested Norco 10/325 mg # 120, one refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and documentation of functional benefit. The clinical documentation submitted for review does indicate that the injured worker has adequate pain relief resulting from this medication. It is noted that the injured worker does not have any significant side effects resulting from medication usage. However, it is also noted that the injured worker does not exhibit any aberrant behavior. It is noted that the injured worker's last urine drug screen was consistent with the prescribed medication schedule. However, the injured worker had an inconsistent CURES report in 06/2013. It is noted that the injured worker has misplaced his medications "again." It is unclear, per the documentation, if the injured worker is exhibiting nonadherent behavior. An additional refill of the injured worker's medication would not allow for timely reassessment of the injured worker's adherent or nonadherent behaviors. Additionally, the request as it submitted does not provide a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg # 120, one refill is not medically necessary or appropriate.