

Case Number:	CM15-0019533		
Date Assigned:	02/09/2015	Date of Injury:	08/03/2006
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 08/03/2006. The mechanism of injury was a slip and fall. She is diagnosed with lumbar degenerative disc disease and chronic pain. Her past treatments have included medications, epidural steroid injection, wrist/hand surgery, use of a walker, and sacroiliac joint injections. On 01/07/2015, the injured worker reported continued back pain. She rated her pain 9/10 without medications and 3/10 with medications. It was also noted that her medications allowed her to participate in her activities of daily living and denied side effects. Her medications were noted to include gabapentin 600 mg 3 times a day, Norco 10/325 mg up to 6 times per day, Flexeril 2 mg at night, and Ultram 2 to 3 times per day. Physical examination revealed tenderness to palpation in the left paraspinal region and normal neurologic findings. It was noted that she had a history of aberrant behavior as she was getting medications from physician's other than her primary pain management physician and taking twice the amount of medication that she was prescribed; however, it was noted that she had seized those behaviors and CURES reports confirmed that she had been compliant. It was noted that she was attempting to wean her Norco and the provider wanted to get her down to no more than 4 Norco per day. A request was received for Norco 10/325 mg 180 count with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for Chronic Pain.

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, adverse side effects, and appropriate medication use. The clinical information submitted for review indicated that the injured worker has been taking Norco for an unspecified amount of time. Recent documentation shows that she has significant pain relief with use of this medication as her pain level was rated at 9/10 without medications and 3/10 with medications. She was also noted to have significant functional improvement and no adverse side effects. Documentation shows that recent CURES Reports have been appropriate; however, she was noted to have a history of aberrant behavior and the documentation did not include a urine drug screen with consistent results to verify appropriate medication use. Therefore, continued use of Norco would not be supported. In addition, 2 refills would not be appropriate with this medication which requires a written prescription on a monthly basis. Moreover, the request as submitted did not include a frequency. For these reasons, the request is not medically necessary.