MAXIMUS Federal Services

Case Number:	CM15-0045624		
Date Assigned:	03/18/2015	Date of Injury:	11/26/2012
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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: Emergency Medicine

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 45-year-old female who reported injury on 11/26/2012. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 02/17/2015. The documentation of 01/20/2015 revealed a Request for Authorization of the same date. The documentation indicated the injured worker had an opioid contract on file. The documentation indicated the injured worker had objective functional improvement including family and home responsibilities, recreation, social activities, occupation, sexual behavior, self care, and life support activities. The documentation of 01/20/2015 revealed the injured worker had continued low back pain and pain in both legs. The injured worker continued to work as a cook in a junior high school. The injured worker had taken tramadol that did not work. The injured worker tried Suboxone that was given to her by her friend, which helped. The injured worker indicated she would like to utilize Suboxone to get off Norco. The injured worker additionally was utilizing ibuprofen. The objective findings revealed some paralumbar tenderness from L2 through S1. There was no sacroiliac or trochanteric tenderness. The diagnoses included chronic lumbar back pain and chronic bilateral lower extremity radicular pain, as well as anxiety. The treatment plan included Norco 10/325 one by mouth q. 4 to 6 hours #120 with no refills. The documentation indicated the injured worker did not have significant side effects from the medication. The injured worker had increased physical and psychosocial functioning as a result of taking the opiate. There was no evidence of abnormal behavior or noncompliance with medications and no aberrant drug behavior was noted. There was no evidence of doctor shopping. The request was made for a pain management consultation with

the use of Suboxone. It was documented that the injured worker got severe withdrawal when she tried to lower her dose of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, per 01/20/15 order quantity 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and that the injured worker had objective functional improvement. However, there was a lack of documentation indicating the injured worker had an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg, per 01/20/15 order quantity 120.00 is not medically necessary.