

Case Number:	CM14-0132738		
Date Assigned:	08/22/2014	Date of Injury:	01/20/2008
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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:

Patient is a 35-year-old who has submitted a claim for status post right forearm surgery, status post head injury and posttraumatic head syndrome, impaired mood, depression, and status post left knee surgery associated with an industrial injury date of January 20, 2008. Medical records from 2011 to 2014 were reviewed. Patient complained of left knee pain, neck pain, headache, and memory problems. Physical examination showed tenderness over the paracervical muscles. Strength, reflexes, and sensory exams were unremarkable. Treatment to date has included right forearm surgery, left knee surgery, physical therapy, psychotherapy, and medications such as Abilify, Wellbutrin, and Norco (since 2012). Utilization review from August 12, 2014 modified the request for Norco 10/325mg, #120 with 1 refill in tool #78 with zero refill for the purpose of weaning because the patient reported sedation from medication 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, 120 count with one refill: 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 Opioids Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2012. Somnolence was a noted side effect. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or absence of aberrant drug behavior. Urine drug screen results were not submitted for review. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg, 120 count with one refill, is not medically necessary or appropriate.