

Case Number:	CM14-0160723		
Date Assigned:	10/06/2014	Date of Injury:	05/05/1997
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 and 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:

This is a patient with a date of injury of May 5, 1997. A utilization review determination dated September 30, 2014 recommends modified certification for Norco. The request was for #300 pills, and the determination recommended #200 pills to allow weaning. A progress report dated August 14, 2014 identifies subjective complaints of pain in the hips, ankles, right knee, neck, and left arm. The note indicates that the use of daily pain medication in the form of OxyContin and Norco takes the edge off and allow for activities of daily living. The note indicates that the medications "help improve her function and by reducing her pain." The note indicates that she has undergone regular urine drug screening and has a controlled substance agreement. Physical examination findings demonstrate no constitutional or psychiatric abnormalities. Diagnoses include pain in the joint in the lower leg, unspecified peripheral neuropathy, sacroiliac dysfunction, low back pain, spinal stenosis in the lumbar region, and pain in the limb. The treatment plan recommends Lidoderm, Ambien, Cymbalta, nabumatone, omeprazole, Norco, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #300: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California 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 go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has stated that the medication improves the patient's pain and function, causes no side effects, and that the patient has consistent urine drug screens and an opiate agreement. It is acknowledged, that the physicians documentation of analgesic improvement and objective functional improvement is very nonspecific. However, the currently requested #300 pills should give the requesting physician time to better document analgesic efficacy in terms of percent reduction in pain, or reduced NRS score, and objective improvement in terms of specific activities the patient is able to do as a result of the medication currently being prescribed. Therefore, the currently requested Norco 10/325 mg #300 is medically necessary.