

Case Number:	CM14-0164386		
Date Assigned:	10/09/2014	Date of Injury:	05/26/2006
Decision Date:	11/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 61 year old male with a date of injury on 5/26/2006. The injured worker sustained multiple musculoskeletal injuries. Per the 8/25/14 note, the worker has ongoing back and leg pain, as well as knee pain, thigh, ankles, and left wrist pain. There is comment by the physician that the worker needs his pain medications as with the pain medications he has improvement in function and is able to perform activities of daily living and has his pain levels reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet #90 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.25, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 80.

Decision rationale: This medication is not approved. Per the Chronic Pain Medical Treatment Guidelines, opioids may be continued if the worker has improved functioning and pain. There is comment made that the worker needs this medication to function and with the medication the worker has improvement in function. However, there are notes after notes, month after month,

indicating ongoing use of the Norco with no evidence of sustained function. There is little data to indicate significant reduction in pain levels or any sort of quantification of improvement in function or activities. Most critically, there are results from urine drug screens from 8/14 and 6/14 (and before) indicating a complete absence of metabolites of hydrocodone, as certainly would be expected in a worker regularly taking this drug. Given the available data, the request for Norco is not supported and the medical necessity cannot be established.