MAXIMUS Federal Services

Case Number:	CM14-0175532		
Date Assigned:	10/28/2014	Date of Injury:	10/14/2001
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 patient is a 42-years/old male who has developed a chronic pain syndrome subsequent to an injury dated 10/17/01. He has been diagnosed with a chronic lumbar pain with a radicular component. He has also been diagnosed with an Ilioinquinal Neuralgia subsequent to hernia surgery. Medications include Cymbalta, Butran Patches (Butran chosen due to history of drug misuse), Lyrica, Toprimate, Nucynta and Norco. The Norco has been reviewed in Utilization review and tapering was recommended. According to the records reviewed the other medications have been approved in U.R. There has a temporary denial of Cymbalta a few months prior, but this was reinstated upon appeal. Documentation states that VAS scores are not changed from the medication. Recent reported improvements are reported to be due to therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg , #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to continue Page(s): 79-80.

Decision rationale: MTUS Guidelines recommend the judicious use of Opioid medications when there is responsible documentation of use, pain relief and functional benefits. These Guideline standards do not appear to have been met in relation to this patient's use of Norco. There is no documentation of specific use patterns, no pain relief is reported utilizing VAS scores and there is no documentation of functional benefits resulting from the use of Norco. Under these circumstances, Guidelines do not support the continued use of Norco. The Norco 10/325mg. #120 is not medically necessary.