

Case Number:	CM14-0181120		
Date Assigned:	11/05/2014	Date of Injury:	01/27/2001
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 male patient with a date of injury of January 27, 2001. A utilization determination dated October 23, 2014 recommends non-certification of Norco 10-325 mg #80 with modification to #30 for weaning purposes. A progress note dated October 15, 2014 identifies subjective complaints of continued complaints of pain and spasm in the lower back. Without any anti-spasmodic agents the patient has more spasms. The patient reports that Norco 10-325 provides good relief for breakthrough pain, and although it is about 10% relief it is worth it to him. The patient is able to do more around the house, but he has been more sedentary since the decrease of medications due to the increased pain. The patient rates his pain as a 9/10. Patient describes the low back pain as being sharp, burning, shooting, and aching pain. The neck pain is described as sharp, burning, shooting, and aching pain. The patient reports that the Norco takes about 15 minutes to take effect lasts about three hours and provides about 10% relief. The Norco helps the patient relax to do basic activities of daily living, and to be able to walk or sit with more comfort. There is no aberrant behavior noted. Physical examination identifies tenderness to palpation of the sacroiliac joints bilaterally, and bilateral L 4, L 5, and S1 spinous processes. Tightness and spasm in paraspinal muscles is present. The diagnoses include lumbar or thoracic radiculopathy and RSD of bilateral lower extremities. The treatment plan recommends prescription for Norco 10-325#80, prescription for Paxil 40 mg #30, prescription for baclofen 10 mg #30, pain pump refill to be scheduled for October 27, 2014, and the patient is to see family doctor or go to the urgent care to get a refill or change his blood pressure medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #80: 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 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg #80, 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, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. In light of the above issues, the currently requested Norco 10/325mg #80 is medically necessary.