

Case Number:	CM14-0184876		
Date Assigned:	11/12/2014	Date of Injury:	11/25/2005
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury 11/25/2005. His primary industrially related complaints are back pain including bilateral lumbar radiculopathy, status post (s/p) fusion L4L5, L5S1, anxiety, depression, sexual dysfunction, and medication induced gastritis. Cervical radiculopathy and neck pain are noted to be present but are not accepted as industrially related per the UR documentation. Prior treatments have included the lumbar fusion L4L5, L5S1, spinal cord stimulator, epidural steroid injection, medication, physical therapy and cognitive behavioral therapy. The request is for Norco 10/325 mg #200 for the purpose of tapering to discontinuation over 1-2 months. This amount of Norco was approved in the UR report of 10/14/14 as a modification to an original request of #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #300, 30 day supply for the purpose of tapering to D/C over 1-2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. In this case, there is documentation of inconsistent drug screen report without addressing any potential aberrant behavior. There is documentation of UR initiated plan to taper narcotic therapy starting 7/16/2014 with #240 pills approved at that time. The current requested supply of 200 Norco 10/325, 30 day supply for taper is consistent with the plan to taper to discontinuation Norco and is medically necessary. The original UR request for #300 Norco 10/325 is not medically necessary as it does not reflect the medically indicated taper of narcotic usage.