

Case Number:	CM14-0216273		
Date Assigned:	01/06/2015	Date of Injury:	11/01/1991
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported an injury on 11/01/1991. A prior request was made for Norco 5/325 mg #75 as of 12/11/2014. The request was modified to 15 tablets based on the lack of continued overall improvement with the reduction in tablets for weaning purposes. The injured worker had been assessed with lumbar spondylosis, chronic continuous use of opioids, arthritis, neuropathic pain, knee derangement, lumbar radiculitis, and hypertension. He had begun taking Norco 5/325 mg on 01/10/2014. He had a surgical history of prostate surgery, appendectomy, and a lumbar back surgery. Prior treatments included physical therapy, heat, ice, massage, modified activities, as well as use of NSAIDs, opioids, and radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, for ongoing use of an opioid, physicians must refer to the 4 As to include analgesia, activities of daily living, adverse side effects and abhorrent drug taking behaviors. However, in the case of this injured worker, there was no current urine drug screen provided for review, no current pill count, or a signed pain contract on file, to confirm the injured worker's compliance with his medication regimen. Additionally, there was no indication in the most recent clinical documentation of his medications provided sufficient relief of symptoms and improving his overall function. Therefore, although weaning is indicated for this type of medication, the request cannot be fully supported at this time and is not medically necessary.