

Case Number:	CM14-0219124		
Date Assigned:	01/09/2015	Date of Injury:	01/16/2013
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 46 year-old female, who was injured on January 16, 2013, while performing regular work duties. The injured worker sustained injury to the neck, lumbar spine, thigh, right shoulder, and elbow. Associated diagnoses are right shoulder sprain, lumbar sprain, left rib fracture, and bilateral sacroiliac joint strain. The injured worker has been prescribed Norco since at least August 2014. The records on September 4, 2014, indicate the injured worker reporting medications are helping. Current medications are listed as Hydrocodone/Acetaminophen, Methoderm Gel, Naproxen Sodium, Omeprazole, and Senna Laxative. The injured works has received treatment including a left knee surgery, right shoulder surgery, medications, and work restrictions. The request for authorization is for Norco 10/325 mg. The primary diagnosis is chronic pain syndrome, and lower joint pain. On December 11, 2014, Utilization Review non-certified the request for Norco 10/325 mg, based on ACOEM, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Patients prescribed opioids such as Norco require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if the injured worker has improved pain and functionality and/or has re-gained employment. Typical questions regarding pain should include least pain, worst pain, average pain, time to onset of analgesia, and duration of pain relief from medication. Monitoring for aberrant drug taking behavior typically involves the monitoring of pharmacy data bases and period urine drug screens to ensure compliance. In this instance, the given pain levels are 7 or 8/10 but it is unknown what impact the medication is having with any specificity. Additionally, the injured worker does not appear to have returned to work as of 10-27-2014. There is no mention of functionality as it relates to baseline status or as it changes with and without medication. There appears to be no monitoring for aberrant drug taking behavior except to say that the injured worker did not appear sedated or intoxicated. The requirements for chronic opioid therapy have not been satisfied, Therefore, Norco 10/325mg (quantity not specified) is not medically necessary. The treating physician should consult appropriate guidelines for opioid weaning.