MAXIMUS Federal Services

Case Number:	CM13-0045259		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2002
Decision Date:	05/19/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery 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 54-year-old female who injured her low back in a work related accident on 11/18/02. A recent clinical assessment on 11/05/13 gave the claimant diagnoses of postlaminectomy syndrome and degenerative disc disease. Physical examination on that date demonstrated an antalgic gait pattern with tenderness to palpation, restricted range of motion at endpoints and a "modest" motor deficit to the left lower extremity. The claimant was with continued subjective complaints of pain. It was documented that she was status post a 2004 fusion from the L2 through L4 level. Medications were refilled in the form of Norco, soma and Topamax as well as OxyContin. There was a specific request for two prescriptions of Norco for a total of 300 pills.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 PRESCRIPTIONS OF NORCO 10/325 MG, #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on MTUS guidelines, the continued use of Norco in this case would not be indicated. First and foremost, there was limited documentation of benefit from the

combination narcotic agents being utilized this case. When taking into account the claimant's OxyContin dose, the prescription for Norco that would include 300 tablets would far exceed clinical guideline criteria that would not recommend more than a 120 mg oral morphine equivalent in daily dosage. There is nothing within the record indicating that this claimant would be an exception to that rule. The use of this agent in conjunction with OxyContin would not be indicated. The request for Norco 10/325mg, #300 is not medically necessary.