

Case Number:	CM13-0061607		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2001
Decision Date:	04/06/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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 patient is a 57-year-old female who reported a work related injury on 10/27/2001 when she tripped over a vacuum and injured her left knee. The patient is status post bilateral knee total arthroplasty surgeries in 2007 and 2008, is status post gastric bypass surgery in 2010 and status post L5-S1 AP fusion in 2010. The patient underwent conservative treatment to include physical therapy. A urine drug screen dated 10/21/2013 revealed positive findings for hydrocodone. The patient's current medications include omeprazole, Norco and compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: Recent clinical documentation stated the patient's objective findings include decreased range of motion to the lumbar spine and a straight leg raise test was positive on the left side. Motor strength in the lower extremities was 5/5 in all muscle groups and sensory examination of the lower extremities was intact in all dermatomes bilaterally. The patient

complained of intermittent low back pain that she rated at 6/10 on a pain scale with radiation to the left lower extremity, down to the left hip with tenderness. It was noted the patient would continue with her home exercise program. California Medical Treatment Guidelines for chronic pain state that opioids may be continued if the patient has returned to work and if the patient has improved functioning in pain relief. There was no evidence given in the submitted documentation that the patient had returned to work and there was no documentation of the patient's improved functioning in pain relief, as an objective decrease in VAS due to the use of Norco. There were also no functional benefits noted which could be objectively measured due to the use of Norco. Therefore, the request for 1 prescription of Norco 10/325 mg #60 is non-certified.