

Case Number:	CM13-0072331		
Date Assigned:	01/08/2014	Date of Injury:	01/28/2002
Decision Date:	04/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of January 28, 2002. A utilization review determination dated December 16, 2013 recommends modification of Norco 7.5/325mg #60 to #48. The previous reviewing physician recommended modification of Norco 7.5/325mg #60 to #48 due to lack of documentation of overall functional benefit from continued use of Norco. A Pain Medicine Re-Evaluation dated November 26, 2013 identifies Current Subjective Complaints of low back pain that radiates to bilateral lower extremities to the level of the toes. The patient also complains of bilateral upper extremity pain. The patient's pain level is unchanged with average pain level of 2-3/10 with medications and 8/10 without medications. Physical Examination identifies the patient was observed to be in moderate distress. The range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Lumbar myofascial tenderness and paraspinous muscle spasm was noted on palpation. Diagnoses identify lumbar radiculitis, lumbar disc degeneration, lumbar failed surgery syndrome, status post lumbar fusion, anxiety, status post spinal cord stimulator implant, chronic pain other, medication related dyspepsia, history of seizure disorder, L4-L5 annular tear, and treated under family medicine care. Treatment Plan identifies Norco 7.5-325 tablet mg take one tablet by mouth twice daily as needed for 30 days #60. The patient was counseled as to the benefits and potential side effects of the prescribed medications. The patient was assessed for potential sequelae of therapy including opioid induced hyperalgesia, tolerance, pseudo addiction, and addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325MG #60 BETWEEN 11/26/2013 AND 2/11/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 of 127.

Decision rationale: Regarding the request for 1 prescription of Norco 7.5/325mg #60 between 11/26/2013 and 2/11/2014, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is mention that the patient has decreased pain with the use of medication. The patient was counseled regarding side effects and aberrant use. As such, the currently requested 1 prescription of Norco 7.5/325mg #60 between 11/26/2013 and 2/11/2014 is medically necessary.