

Case Number:	CM14-0004973		
Date Assigned:	01/24/2014	Date of Injury:	04/06/2001
Decision Date:	06/10/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 55-year-old male with a 4/6/01 date of injury. At the time (11/8/13) of request for authorization for Norco 10/325mg #90 with one refill, there is documentation of subjective (chronic low back pain) and objective (decreased lumbar range of motion, tenderness to palpation of the right lumbar paravertebral musculature with spasms and a positive twitch response radiating to the thoracic area) findings, current diagnoses (status post lumbar foraminotomy, right L5-S1 facet arthropathy, right L5 radiculopathy, and myofascial pain syndrome in the right lumbar paravertebral musculature), and treatment to date (Norco since at least 5/13/13 with decrease in pain levels and increase in activities of daily living, physical therapy, and injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 WITH ONE REFILL: 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): 74-80.

Decision rationale: MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of status post lumbar foraminotomy, right L5-S1 facet arthropathy, right L5 radiculopathy, and myofascial pain syndrome in the right lumbar paravertebral musculature. In addition, given documentation of ongoing treatment with Norco since at least 5/13/13 with decrease in pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, the request for Norco 10/325mg #90 with one refill is not medically necessary.