

Case Number:	CM14-0008730		
Date Assigned:	02/12/2014	Date of Injury:	09/21/2001
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The injured worker is a 67-year-old female who was injured on September 21, 2001. The mechanism of injury is not specified. The progress note dated January 9, 2014 indicates that the injured worker currently takes Norco 10/3.5 mg, 1 tablet up to 4 times daily as needed for pain. The clinician indicates that "she is doing well on current regimen." There is no documentation of pain scores on the visual analog scale (VAS) or indication of improved function with utilization of medications. Current diagnoses include lumbar radiculopathy, lumbar disc disease, and lumbar facet syndrome. The physical exam documents equivalent reflexes in both lower extremities with an absent ankle jerk bilaterally. Straight leg raise testing is documented as being negative. Hip flexor strength is slightly diminished on the left. Lumbar range of motion is documented as being limited. There is no documentation of radiculopathy on examination. The utilization review in question was rendered on January 16, 2014. The reviewer indicates that the last review on November 20, 2013 recommended weaning of the Norco secondary to lack of objective improvement. The reviewer modified the request from 120 tablets with 1 refill to 42 tablets with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG # 120 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WEANING OF MEDICATIONS,

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) do not recommend long term use of opioids. Additionally, the clinical documentation provided, including the most recent two progress notes do not document visual analog scale (VAS) pain scores, improved pain with utilization of the Norco, or documentation of improved function. As such, given the recommendation of the California Medical Treatment Utilization Schedule (CAMTUS) and the lack of documented improvement, the request is considered not medically necessary.