MAXIMUS Federal Services

Case Number:	CM14-0012624		
Date Assigned:	02/21/2014	Date of Injury:	12/11/2011
Decision Date:	07/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine, 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:

The patient is a 47-year-old female who has submitted a claim for lumbago and displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of December 11, 2011.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain associated with tingling and pressure down the left leg. Physical examination revealed lumbar spine range of motion as follows: forward flexion to 45 degrees, extension to 15 degrees, and side bending to 20 degrees. Inspection of the lumbar spine revealed no asymmetry or scoliosis. There was tenderness over the right lumbar paraspinal muscles consistent with spasms. There was positive lumbar facet loading maneuver bilaterally. Straight leg raise test was negative. MMT was 5/5 and symmetric throughout bilateral lower extremities. There was diminished sensation in the right S1 dermatomes of the lower extremities. DTRs were symmetric at 1+/4 in bilateral lower extremities. Treatment to date has included physical therapy, chiropractic treatment, epidural steroid injection, medications, which include Cyclobenzaprine 10mg, Naproxen 550mg, Prilosec 20mg, and Menthoderm topical.Utilization review from January 17, 2014 denied the request for Norco 1/325mg because the request did not meet preliminary guidelines and was not supported by medical necessity. Functional information was not given regarding the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, Criteria for use, On-going Management Page(s): 76-81.

Decision rationale: According to pages 75-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Norco is under short-acting opioids, and is recommended for moderate to severe pain when acetaminophen, aspirin, and NSAIDs fail to provide pain relief. It is often used for intermittent or breakthrough pain. Opioids should be prescribed at the lowest possible dose which improves pain and function. In this case, patient has not been noted to take Norco previously or any other opioid for that matter. Patient has been taking Naproxen for pain relief however the treatment response to this medication was not clearly described. Medical records did not establish that the patient's physical examination findings warranted treatment with an opioid. Treatment guidelines state that prior to initiating a therapeutic trial of opioids, there is a need to attempt to determine if pain is nociceptive or neuropathic, and if there are underlying contributing psychological issues however, none were submitted in the records for review. Also, baseline pain and functional assessment should be made including social, physical, psychological, daily and work activities and this should be performed using a validated instrument or numerical rating scale; however, there was non included to justify the use of this medication. In addition, the frequency and quantity of Norco were not included in the request. Medical necessity has not been established. Therefore, the request for NORCO 10/325 is not medically necessary.