

Case Number:	CM14-0012655		
Date Assigned:	02/21/2014	Date of Injury:	04/27/2007
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
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 employee of [REDACTED] and has submitted a claim for lumbar degenerative disc disease and radiculitis associated with an industrial injury date of April 27, 2007. Medical records from March 2013 to January 2014 were reviewed and showed patient complained of lower back pain, rated 10/10, unrelieved by pain medications. Physical examination showed full range of motion but with pain mentioned. Sensation was decreased along L4-L5 right and L5-S1 left along dermatome, positive straight leg test bilaterally with radicular symptoms. Aside from Norco 325mg/10mg TID, patient is also taking Vicodin, carisoprodol, Soma and Lyrica. Treatment to date has included oral analgesics, physical therapy and lumbar epidural injection. Utilization review dated January 15, 2014 denied the request for Norco 325mg/10mg TID for 7 days due to prolonged use and no evidence of measurable analgesic benefit (VAS scores) nor functional/vocational benefit with ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 112.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since March 2013 and there was no documentation of measurable analgesic benefit or functional improvements with ongoing use. Therefore, the request for Norco 325mg/10mg is not medically necessary or appropriate.