

Case Number:	CM14-0111999		
Date Assigned:	08/01/2014	Date of Injury:	04/11/2013
Decision Date:	09/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 44-year-old female was reportedly injured on April 11, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 27, 2014, indicated that there were ongoing complaints of low back pain and neck pain radiating to the upper extremities. Current medications are stated to include Norco, Cyclobenzaprine, Ibuprofen, Topamax, Xanax, Lamictal, and Viibryd. The physical examination demonstrated a positive left-sided cubital tunnel Tinel's test. There was decreased range of motion of the lumbar spine, a positive left-sided straight leg raise test, and decreased sensation in the L5 and S1 dermatomal distributions. Diagnostic nerve conduction studies indicated a bilateral L5 and S1 radiculopathy. Previous treatment included physical therapy and acupuncture. A request had been made for Norco and was not certified in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.