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| Case Number: | CM14-0112866 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 06/04/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/24/2014 |
| 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 & 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 39-year-old female was reportedly injured on June 4, 2012. The mechanism of injury is stated to be lifting a cooler. The most recent progress note, dated June 12, 2014, indicates that there were ongoing complaints of thoracic and lumbar spine pain. Current medications include Zanaflex, Albuterol, Paxil, Allegra, Norco, Tramadol, and Singulair. The physical examination demonstrated tenderness along the lumbar paravertebral muscles and the facet joints from L3 through L4 and along the thoracic spine from T4 through T8. There was decreased lumbar and thoracic range of motion with thoracic spasms. There were positive facet joint provocative maneuvers. Diagnostic imaging studies of the spine revealed a disc bulge at L5 - S1 and a disc protrusion at C5 - C6. Previous treatment includes a radiofrequency nerve ablation of the thoracic and lumbar spine, chiropractic care, and oral medications. A request had been made for Norco 5/325 and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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 in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, 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 after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.