

Case Number:	CM14-0112955		
Date Assigned:	08/01/2014	Date of Injury:	07/03/2013
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of July 3, 2013. A utilization review determination dated July 9, 2014 recommends non-certification of Norco 5/325 mg #60. A progress note dated July 21, 2014 identifies subjective complaints of occasional lumbar spine pain rated at a 9/10 and a request for a sleep aid. Physical examination identifies decreased range of motion of the lumbar spine with tenderness to palpation. Diagnoses include lumbar radiculopathy, herniation of multiple discs, and lumbar discogenic pain. The treatment plan recommends a prescription refill of Norco 5/325#60, a refill for Flexeril, scheduled for a lumbar epidural steroid injection, and there are two other items listed that are written illegibly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 76-79, 120 of 127 Page(s): 76-79 120 OF 127.

Decision rationale: Regarding the request for Norco 5/325mg #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco 5/325mg #60 is not medically necessary.