MAXIMUS Federal Services

Case Number:	CM14-0127085		
Date Assigned:	09/23/2014	Date of Injury:	02/22/2004
Decision Date:	10/22/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 52-year-old female who has submitted a claim for lumbar disc disease associated with an industrial injury date of 02/22/2004.Medical records from 01/29/2013 to 07/08/2014 were reviewed and showed that patient complained of back pain. Physical examination revealed tenderness over right paralumbar muscles, decreased lumbar ROM, and intact sensation of bilateral lower extremities. MRI of the lumbar spine dated 06/03/2014 revealed status post anterior interbody fusion L4-5 and L5-S1.Treatment to date has included L4-5 and L5-S1 interbody fusion (10/2007), Norco 10/325mg #60 (prescribed since 01/29/2013), Zolpidem, Ultram, Neurontin, Zanaflex, and Omeprazole. Of note, there was no objective documentation of pain relief and functional improvement with Norco use.Utilization review dated 07/15/2014 denied the request for Norco 10/325mg #60 because it was unclear if previous Norco use improved pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: According to page 78 of the CA MTUS 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 was prescribed Norco 10/325mg #60 since 01/29/2013. However, there was no objective documentation of pain relief and functional improvement with previous Norco use to support continuation of treatment. Therefore, the request for Norco 10/325mg #60 is not medically necessary.