

Case Number:	CM14-0129071		
Date Assigned:	08/18/2014	Date of Injury:	03/15/2007
Decision Date:	09/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 case involves a 67-year-old individual who was reportedly injured on 3/15/2007. The mechanism of injury was noted as cumulative and repetitive work assisting patient transfers in an assisted living facility. The most recent progress note dated 7/8/2014, indicated that there were ongoing complaints of low back pain that radiated into both buttocks. The physical examination demonstrated lumbar spine straight leg raise positive bilaterally. Lower back pain was noted at 60 degrees, worse on the left side. There was also positive facet tenderness bilaterally and positive facet loading test bilaterally. Positive SI joints were tender bilaterally. Slightly restricted range of motion of the lumbar spine and piriformis muscle was tender bilaterally. The patient had difficulty standing on heels bilaterally. Diagnostic imaging studies mentioned an MRI of the lumbar spine from 2013. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injection, medications, and conservative treatment. A request had been made for Norco 10/325 #60 which was not certified in the pre-authorization process on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, for chronic pain syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Also the last urine drug screen revealed no evidence of Norco use. As such, this request for Norco is not medically necessary.