

Case Number:	CM14-0133256		
Date Assigned:	08/25/2014	Date of Injury:	10/03/2008
Decision Date:	10/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 56-year-old male with a 10/3/08 date of injury. At the time (7/10/14) of the request for authorization for Norco 10/325mg 2 tab twice a day #120 for the lumbar spine, there is documentation of subjective (increased left wrist pain as well as numbness and tingling, continued lower back pain as well as numbness and tingling in his lower extremities, some neck pain) and objective (grip strength is reduced bilaterally, sensation is reduced in bilateral hands, lumbar spine range of motion is decreased significantly) findings, current diagnoses (lumbar radiculopathy, postsurgical status not elsewhere classified, observation and evaluation for suspected conditions not elsewhere classified, and carpal tunnel syndrome), and treatment to date (medication including treatment with Norco for at least 5 months). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 2 tabs twice a day, #120 for the lumbar spine: 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 Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify criteria necessary to support the medical necessity of opioids: they require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Definitions section identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, postsurgical status not elsewhere classified, observation and evaluation for suspected conditions not elsewhere classified, and carpal tunnel syndrome. However, there is no documentation that the prescriptions being taken are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; or that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 5 months, there is no documentation of functional benefit or improvement (as defined by the MTUS) with Norco use to date. Therefore, based on guidelines and a review of the evidence, this request for Norco 10/325mg, 2 tabs twice a day, #120 for the lumbar spine is not medically necessary.