

Case Number:	CM14-0159015		
Date Assigned:	10/02/2014	Date of Injury:	06/29/1991
Decision Date:	10/28/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old female with date of injury 6/29/1991. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain, neck pain and bilateral hip pain since the date of injury. She is status post cervical spine and lumbar spine surgery and has also been treated with physical therapy and medications. MRI of the lumbar spine performed in 07/2011 revealed post operative changes at L4-5 and L5-S1 with evidence of laminectomy and discectomy at these levels and also degenerative changes at L2-3 and L3-4. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the cervical and lumbar spine paraspinal musculature bilaterally. Diagnoses: neck pain, lower back pain. Treatment plan and request: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10.325mg #150 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Page(s): 76-85, 88-89..

Decision rationale: This 59 year old female has complained of lower back pain, neck pain and bilateral hip pain since date of injury 6/29/1991. She is status post cervical spine and lumbar spine surgery and has also been treated with physical therapy and medications to include opioids since at least 04/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.