

Case Number:	CM14-0173721		
Date Assigned:	10/27/2014	Date of Injury:	01/02/2014
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 and 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 injured worker is a 44-year-old man with a date of injury of 1/2/14. The patient complains of low back pain shooting into his groin, right leg and foot. He also complains of headaches, neck pain and right knee pain. Physical examination was notable for impaired lumbar range of motion and positive straight leg raise test. MRI of the lumbar spine performed on June 9, 2014 indicated evidence of a right lateral L3-4 disc herniation impinging the right L3 nerve root. Records provided indicate that on 8/ 25/14 the patient was provided with a refill prescription for Norco 10/325 3 times a day with no refills for low back pain due to pain exacerbation with a home exercise program. He was on modified work duty with no lifting over 50 pounds. Plan was for pain management consultation for consideration of epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with no refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

Decision rationale: The injured worker presents with chronic low back pain secondary to lumbar disc herniation. He was started on an opioid analgesic trial utilizing Norco by the primary treating physician. He was placed on modified duty status. Plan was to pursue epidural steroid injections as a next step. MTUS guidelines recommends follow-up visits every 2 weeks for the first 2-4 months during opioid trial and continuation opioid if the patient has returned to work or has improved functioning and pain. The patient was provided with a one-month supply of Norco 10/325 and the plan to follow-up with a pain management specialist for further treatment options. In addition, the patient appears to be working. This request is consistent with the aforementioned MTUS guidelines. The request for Norco 10/325 is therefore medically necessary.