

Case Number:	CM14-0177413		
Date Assigned:	10/30/2014	Date of Injury:	10/28/1996
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine, 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:

Patient is a 53 year-old male with date of injury 10/28/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/22/2014, lists subjective complaints as pain in the neck, low back and right hip. Objective findings: Examination of the cervical spine revealed negative Spurling's test bilaterally and negative compression test bilaterally. Examination of the lumbar spine revealed palpable tenderness in the midline L3-S1 region and tenderness to the bilateral paraspinal muscles. Straight leg raising test was positive on the left from the sitting position. 4/5 quadriceps strength on the left, 5/5 on the right. Diagnosis: 1. Cervicothoracic strain/arthrosis 2. Lumbosacral strain/arthrosis/discopathy 3. Status post right hip resurfacing 4. Internal medicine complaints (hypertension). The medical records supplied for review document that the patient is also taking Tylenol #3. Medications: 1. Norco 10/325mg, #60 SIG: one tablet twice a day.

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 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The prescription for Norco has been provided in conjunction with the patient's Tylenol #3. Norco 10/325mg #60 is not medically necessary.