

Case Number:	CM14-0021778		
Date Assigned:	05/05/2014	Date of Injury:	11/16/2012
Decision Date:	07/09/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery 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 claimant is a 56-year-old who injured the low back in a work related accident on 11/16/12. The records provided for review included the report of a 12/30/13 MRI of the lumbar spine identifying a prior L4-5 laminectomy and a disc protrusion at the L5-S1 level resulting in moderate bilateral foraminal stenosis. A January 8, 2014 progress report noted ongoing complaints of low back and lower extremity pain. Physical examination was documented to show restricted range of motion and no motor sensory or reflexive change. Referral for epidural steroid injections as well as continuation of medications to include Norco, Ultram, Flexeril, Naprosyn and Prilosec were recommended. A prior utilization review of February 11, 2014 recommended approval for a dose of Norco 10/325 tablets for a total of 30 tablets for weaning purposes. It was documented that the prescribed narcotics for this individual did not provide significant improvement and following a weaning period, further narcotics would not be recommended. There is now a request for Norco 10/325 tablets dispense #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 MG TABLET #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
OPIOIDS-CRITERIA FOR USE Page(s): 76-80.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the request for continued Norco would not be indicated. The prior utilization review recommended a weaning period of narcotic management in February of 2014. There is no documentation in the records provided for review to indicate any improvement in the claimant's symptoms or level of ability to function to indicate why further narcotic management would be necessary. Request for further Norco would not be supported given the documentation of a prior weaning dose of medication already prescribed.