

Case Number:	CM14-0032777		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2004
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 injured worker is a 50-year-old male injured on June 11, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 15, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities. Current medications were stated to include Norco and Neurontin. Neurontin was stated to help with the injured employee's sciatic symptoms and Norco helped his ability to perform activities of daily living and continue to be able to work. The physical examination demonstrated tenderness along the lower lumbar spine and bilateral paraspinal muscles. There was decreased sensation to light touch at the anterolateral aspect of the right thigh. The treatment plan continued the current medications. A request had been made for Norco and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tab by mouth 3 times a day #90 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), office visits, updated July 10, 2014.

Decision rationale: The attached medical note, dated January 15, 2014, stated that the injured employee had pain relief with Norco, and that it helped him perform activities of daily living and be able to return to work. The previous utilization management review, dated May 12, 2014, had modified the previous request for Norco from three refills to just two refills to maintain opiate surveillance. This seems reasonable as the Official Disability Guidelines specifically states that the frequency of office visits should be based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As this request is for 90 tablets with three refills, it would be four months between office visits to monitor the efficacy, side effects and potential aberrant behavior associated with this medication. For this reason, this request for 90 tablets of Norco with three refills is not medically necessary.