

Case Number:	CM14-0037039		
Date Assigned:	06/25/2014	Date of Injury:	01/19/2001
Decision Date:	08/13/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 56-year-old female who was reportedly injured on January 19, 2001. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated June 20, 2014, indicates that there were ongoing complaints of low back pain with numbness and tingling in the right lower extremity. Current medications include Voltaren, hydrocodone, Doral and a topical compounded medication with flurbiprofen/menthol/capsaicin. The physical examination demonstrated slightly decreased lumbar spine range of motion as well as tenderness and spasms along the paravertebral muscles of the lumbar spine. There were decreased sensation at the fourth and fifth toes of the right foot and a positive straight leg raise test. The treatment plan recommended continuing existing medications and the use of an H wave unit as well as a home exercise program. No diagnostic imaging studies were reported during this visit. Previous treatment included a home exercise program, oral medications, the use of an H wave stimulator and a lumbar spine microdiscectomy in 2002. A request had been made for Norco and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.