

Case Number:	CM14-0038887		
Date Assigned:	06/27/2014	Date of Injury:	10/13/2006
Decision Date:	09/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 46-year-old female who was reportedly injured on October 13, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 4, 2014. Indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles. A note on this date stated that the injured employee has been taking narcotics from another physician with several refills. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for Norco and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines (7/18/09) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment

Utilization Schedule guidelines support short-acting opiates at 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 worker has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. Additionally, the progress note dated March 4, 2014, indicates that the injured employee is receiving narcotics for more than one physician. As such, this request for Norco is not medically necessary.