

Case Number:	CM14-0043387		
Date Assigned:	06/20/2014	Date of Injury:	03/02/2010
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old male with a 3/2/10 date of injury. At the time (1/28/14) of request for authorization for Retrospective request for Norco 10/325mg 4 times daily as needed #120 with 2 refills (Rx 01/28/14) QTY: 360.00, there is documentation of subjective findings of low back pain and objective findings of decreased lumbar range of motion, tenderness to palpation over the lumbar paraspinal musculature and facet joints, and positive lumbar discogenic provocative maneuvers. The current diagnoses are lumbar facet joint pain, lumbar disc protrusion, lumbar degenerative disc disease, and lumbar sprain/strain. The treatment to date includes ongoing therapy with Norco resulting in 70% pain reduction and increased functionality in activities of daily living. In addition, medical report identifies an up-to-date opioid contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg 4 times daily as needed #120 with 2 refills (Rx 01/28/14) QTY: 360.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar facet joint pain, lumbar disc protrusion, lumbar degenerative disc disease, and lumbar sprain/strain. In addition, given documentation of an up-to-date opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of 70% pain reduction and increased functionality in activities of daily living with use of Norco, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Norco 10/325mg 4 times daily as needed #120 with 2 refills (Rx 01/28/14) QTY: 360.00 is medically necessary.