

Case Number:	CM14-0044860		
Date Assigned:	07/02/2014	Date of Injury:	07/30/2008
Decision Date:	10/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on 7/30/2008. The most recent progress note, dated 6/25/2014, indicated that there were ongoing complaints of chronic low back pain that radiated into the left lower extremity. The physical examination demonstrated lumbar spine had positive tenderness to palpation from T10-L5 with 2+ palpable muscle spasm. Range of motion was with flexion 40, extension 10 and bilateral lateral flexion 10. Lower extremity was with positive straight leg raise on the left at 30. Decreased muscle strength was in the left lower extremity. Decreased sensation was in the left anterior/lateral thigh. Reflexes were 1+ and symmetric bilaterally, except for absent Achilles reflex on the left. No recent diagnostic studies are available for review. Previous treatment included previous lumbar surgery, medications, injections, and psychological counseling. A request had been made for Norco 10/325 mg #210, and was denied in the pre-authorization process on 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription for Norco 10/325 mg, #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. However, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.