

Case Number:	CM14-0054977		
Date Assigned:	09/03/2014	Date of Injury:	05/19/2011
Decision Date:	10/10/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/24/2014

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 41-year-old female was reportedly injured on May 19, 2011. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities and low back pain radiating to the right lower extremity. Pain is rated at 8/10 without medications and 5-6/10 with medications. The physical examination demonstrated tenderness along the lumbar spine from L4 through S1 and decreased sensation at the left L4 through S1 dermatomes. There was a positive straight leg raise test bilaterally at 50. Diagnostic imaging studies of the lumbar spine show disc protrusions from L2 through S1 with compromise on the right-sided S-1 nerve root.. Previous treatment includes a lumbar spine transforaminal epidural steroid injection a request had been made for Norco 10/325 and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 30: Overturned

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; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

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 to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. According to the progress note dated April 14, 2014, the injured employee has objective pain relief with current medications and it was also stated that medications help the injured employee to function and perform activities of daily living. Considering this, the request for Norco 10/325 is medically necessary.