

Case Number:	CM14-0063319		
Date Assigned:	07/11/2014	Date of Injury:	05/22/2001
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 records, presented for review, indicate that this 43-year-old female was reportedly injured on 5/22/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/9/2014, indicated that there were ongoing complaints of chronic low back pain that radiates down bilateral lower extremities. The physical examination demonstrated lumbar spine limited range of motion and positive tenderness to palpation of the paravertebral muscles bilaterally. Motor examination was limited by pain. Bilateral lower extremities were 5/5. Sensory examination had decreased sensation to light touch over the lateral foot, lateral calf, posterior thigh, and lateral thigh on the left side. Straight leg test was positive on both sides. No recent diagnostic studies are available for review. Previous treatment included previous injections, physical therapy, and medications. A request had been made for Norco 10/325 mg #120 and was not certified in the pre-authorization process on 4/22/2014.

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.

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

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CAMTUS 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 is not considered medically necessary.