

Case Number:	CM14-0069921		
Date Assigned:	07/14/2014	Date of Injury:	06/25/2012
Decision Date:	10/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 35-year-old male with a 6/25/12 date of injury. At the time (4/16/14) of the Decision for Norco, there is documentation of subjective (low back pain associated with numbness and tingling over the lower extremity posterior to the knee) and objective (decreased lumbar range of motion, positive bilateral Valsalva's test, and positive Kemp's test) findings, current diagnoses (lumbar disc syndrome, sciatica, and L5 radiculopathy), and treatment to date (medications (including ongoing treatment with Motrin and Norco since at least 1/16/14)). There is no 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: According to the records made available for review, this is a 35-year-old male with a 6/25/12 date of injury. At the time (4/16/14) of the Decision for Norco, there is documentation of subjective (low back pain associated with numbness and tingling over the lower extremity posterior to the knee) and objective (decreased lumbar range of motion, positive bilateral Valsalva's test, and positive Kemp's test) findings, current diagnoses (lumbar disc syndrome, sciatica, and L5 radiculopathy), and treatment to date (medications (including ongoing treatment with Motrin and Norco since at least 1/16/14)). There is no 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; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, the request is not medically necessary per MTUS guidelines.