

Case Number:	CM14-0071269		
Date Assigned:	07/14/2014	Date of Injury:	09/16/2010
Decision Date:	08/14/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 record presented for review indicate that this 41-year-old female was reportedly injured on September 16, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated October 4, 2013, indicated that there were ongoing complaints of low back pain as well as left groin and left leg pains. Current medications included Exalgo, Norco, Neurontin, Percocet, Soma, Prozac, and Lactulose. Pain without medication was stated to be 9/10 and with medication a 7/10. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness of the right and lumbar paravertebral muscles from L3 through S1 without spasms. There was also tenderness at the bilateral sacroiliac joints. There was a positive left-sided straight leg raise test at 60 degrees, and decreased sensation at the left lower extremity. Addiction and tolerance of opioid medications was discussed. A request was made for Norco and was not certified in the pre-authorization process on April 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Norco 10 mg - 325 mg tab one (1) tab every 3 hours as needed x 30 days #240:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 24, 86.

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

Decision rationale: According to the attached medical records, the injured employee has rated her pain at 9/10 on the visual analog scale without medication use, and at 7/10 with medication use, which indicates 20% improvement. The injured employee also stated in the same note that there was 50% improved sitting, walking and standing tolerance with medications. There was no specific pain or functional improvement related specifically to Norco. As previously stated, the injured employee also took Exalgo, Neurontin, Percocet, Soma, and Prozac. Considering these issues, this request for Norco is not medically necessary.