

Case Number:	CM14-0071478		
Date Assigned:	07/16/2014	Date of Injury:	07/05/2001
Decision Date:	10/06/2014	UR Denial Date:	05/13/2014
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 Physical Medicine and Rehabilitation 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:

The records presented for review indicate that this 57-year-old gentleman was reportedly injured on July 5, 2001. The mechanism of injury is noted as a fall. The most recent progress note, dated February 11, 2014, indicates that there are ongoing complaints of low back pain and right leg pain. Current medications include Norco, soma, and ibuprofen. Pain is rated at 7/10 with 50% pain relief with current medications. The physical examination demonstrated tenderness of the lumbar spine with spasms. There was pain with facet loading to the right side and a positive right-sided straight leg raise test at 30. There was decreased sensation at the right anterior tibia in the lateral aspect of the right foot. Diagnostic imaging studies of the lumbar spine revealed disc desiccation and a disc protrusion at L2 - L3 indenting the anterior thecal sac. There was also facet hypertrophy and a disc bulge at L3 - L4 and L4 - L5. There was evidence of a previous laminectomy at L5 with abnormal tissue surrounding the left-sided S1 nerve root. Previous treatment includes a right knee arthroscopy, lumbar spine surgery, a lumbar spine epidural steroid injection, and oral medications. A request had been made for Norco 10/325, and was not certified in the pre-authorization process on May 13, 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications, discontinue Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 February 11, 2014, the injured employee's current medications provide him with 50% pain relief and the ability to participate in activities of daily living as well as household chores. Considering this, the request for Norco 10/325 is medically necessary.