

Case Number:	CM14-0071627		
Date Assigned:	07/16/2014	Date of Injury:	10/19/2008
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/18/2014

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 67 year old female was reportedly injured on October 19, 2008. The mechanism of injury is undisclosed. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lower lumbar spine with full lumbar spine range of motion, negative bilateral straight leg raise test and a normal lower extremity neurological examination. A note dated May 12, 2014 reveals pain reduction from 8/10 to 3/10 with the usage of Norco. It also allows her to do more walking. There is a plan for weaning the injured employee from the usage of Norco. A note dated June 27, 2014, states the injured worker is taking one half tablet of Norco four times per day. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery. A request was made for Norco 10/325 milligrams and was not certified in the preauthorization process on June 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120 with 2 refills: 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, 88, 91.

Decision rationale: According to the medical records the injured employee has decreased her usage of Norco and is not taking one half of the tablet four times per day which is stated to provide fifty percent pain reduction. There was a plan to wean the injured employee from the usage of Norco. As such it is unclear why there was a request for 120 tablets with two refills. Considering this, the request for Norco 10/325 milligrams is not medically necessary.