

Case Number:	CM14-0072587		
Date Assigned:	07/16/2014	Date of Injury:	09/02/2005
Decision Date:	09/19/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/19/2014

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 49-year-old was reportedly injured on September 2, 2005. The mechanism of injury is noted as repetitive lifting heavy objects. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities as well as low back pain radiating to the bilateral lower extremities. Current medications are stated to include Enovarx - ibuprofen, gabapentin, Norco, pantoprazole, and cyclobenzaprine. Pain is stated to be 10/10 without medications and 10/10 with medications. The physical examination of the lumbar spine demonstrated tenderness and spasms over the lumbar paraspinal muscles. There was decreased lumbar spine range of motion secondary to pain. There was a normal lower extremity neurological examination and a positive straight leg raise test at 70. Diagnostic imaging studies of the lumbar spine indicated multilevel degenerative changes with evidence of prior lumbar spine surgery. Nerve conduction studies of the lower extremities were normal. Previous treatment includes a lumbar spine fusion. A request was made for Norco and was not certified in the pre-authorization process on April 19, 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, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The Chronic Pain Medical Treatment 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. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, the request for Norco 10/325 mg, sixty count, is not medically necessary or appropriate.