

Case Number:	CM14-0077062		
Date Assigned:	07/18/2014	Date of Injury:	03/23/2011
Decision Date:	08/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 injured worker is a 45-year-old male who was reportedly injured on March 23, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 9, 2014, indicated that there were ongoing complaints of low back pain radiating to the left greater than right lower extremity. Current medications include Tramadol, Norco, Gabapentin and Omeprazole. The physical examination demonstrated bilateral lumbar spine paraspinal tenderness mostly over the lumbar sacral junction with a palpable muscle spasms. There were decreased lumbar spine range of motion and a positive right sided straight leg raise test at 45 and a left-sided straight leg raise test at 30. There was decreased sensation at the bilateral L5 and S1 dermatomes. An L5-S1 transforaminal epidural steroid injection was planned. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine epidural steroid injection with 70% improvement of left sided radicular symptoms. There was also a history of a prior L5 laminectomy/discectomy performed in 2007. Request had been made for Norco and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.lovenox.com/>.

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 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include 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 was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.