

Case Number:	CM14-0079592		
Date Assigned:	07/23/2014	Date of Injury:	01/05/1999
Decision Date:	08/27/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 74-year-old male was reportedly injured on January 5, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include Norco, Prilosec, Prozac, and Remeron. The injured employee stated he is currently taking 4 to 6 tablets of Norco daily. Medications are stated to help the injured employee perform self-directed physical therapy and perform activities of daily living with less pain. The physical examination demonstrated tenderness at the anterior and lateral aspects of the subacromial bursa of both shoulders. There was decreased range of motion with shoulder abduction bilaterally. The examination of the lumbar spine noted tenderness of the paraspinal musculature with increased muscle rigidity. There were numerous trigger points palpated. Lower extremity neurological examination noted decreased sensation bilaterally at the L5 and S1 nerve distributions. Diagnostic imaging studies objectified multilevel degenerative disc disease and a Grade I-II anterolisthesis of L5 on S1. Previous treatment included trigger point injections and home exercise. A request had been made for Norco and was denied in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 MG #240 DOS 04/18/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS 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 and his current usage of Norco was stated to decrease pain as well as increase his ability to perform activities of daily living and self-directed physiotherapy. Therefore, this request for Norco is medically necessary.