

Case Number:	CM14-0084422		
Date Assigned:	07/28/2014	Date of Injury:	12/28/2011
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 68 year old female who reported an injury on 12/28/2011 which occurred while assisting with a patient transfer. The injured worker has a diagnosis of lumbar radiculopathy L5-S1. Her past treatment included epidural steroid injections and medications. Diagnostics include lumbar MRI on 02/07/2012 and electrodiagnostic studies on 04/19/2012. No surgical history was included. On 04/04/2014, her symptoms included low back pain with radiating symptoms into the right leg. The physical examinations findings included normal strength and reflexes, decreased sensation in the right L4 and L5 dermatomes, and tenderness over the bilateral lumbar paraspinal muscles. Her medications were noted to include Norco 10/325mg one tablet daily and Robaxin 750mg one tablet daily. The injured worker reported her pain as 9-10/10 without medications and 7-8/10 with medications. She also reported increased ability to perform her activities of daily living with medications and denied significant side effects. It was noted that she had showed no aberrant behavior and that she had signed an opioid agreement on 10/21/2013. Additionally, it was noted that saliva toxicology on 03/07/2014 had revealed findings consistent with her prescribed medications. The treatment plan included medication refills, including Norco, as it was noted that the injured worker required opioid therapy for her nociceptive and neuropathic pain. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 tablet daily as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 110.

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

Decision rationale: The request for norco 10/325mg one tablet daily as needed for pain is not medically necessary. The CA MTUS Guidelines stated that the ongoing management of patient taking opioid medications should include detailed documentation of pain relief, functional improvement, the absence of significant side effects, and verification of medication compliance. On 04/14/2014, the injured worker reported her pain as 9-10/10 without Norco and 7-8/10 with Norco. She was also noted to have increased function and she denied side effects. Additionally, her provider stated that she was compliant with her medication regimen, had showed no aberrant behaviors, and had consistent results on toxicology. Based on this documentation, continued use of Norco would be supported. However, the request, as submitted, did not include a quantity. As such, the request for Norco 10/325mg one tablet daily as needed for pain is not medically necessary.