

Case Number:	CM14-0086730		
Date Assigned:	07/23/2014	Date of Injury:	06/01/2001
Decision Date:	08/27/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/10/2014

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 50-year-old female who was reportedly injured on 6/1/2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/30/2014, indicated that there were ongoing complaints of low back pain that radiated into the lower extremities. The physical examination demonstrated thoracic spine positive tenderness and mildly reduced range of motion. Lumbar spine had positive tenderness and range of motion mildly reduced. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, and medications. A request had been made for Norco 10/325 #90 and was not certified in the pre-authorization process on 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty. 90: Upheld

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), pages 74-78 of 127 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 low back pain that radiates into the bilateral lower extremities; however, there was no clinical documentation of improvement in the pain, which is rated as a 8/10 with the current medication regimen or improvement in function with the current regimen. As such, this request is not considered medically necessary.