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| Case Number: | CM14-0086911 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 04/24/2001 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 56-year-old male with a 4/24/01 date of injury. At the time (4/21/14) of request for authorization for 240 Tablets of Norco10/325mg, there is documentation of subjective (low back, right leg, and feet pain) and objective (tenderness over the low bilateral lumbar area and lower facet joints with decreased range of motion) findings, current diagnoses (lumbar disc disease, sciatica/neuralgia or neuritis of sciatic nerve, lumbosacral spondylosis, and thoracic/lumbosacral neuritis/radiculitis), and treatment to date (medications (including ongoing treatment with Norco since at least 11/26/13), physical therapy, aquatic therapy, and epidural steroid injections). Medical report identifies that there is ongoing opioid treatment assessment; and that Norco helps patient to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Tablets of Norco10/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, sciatica/neuralgia or neuritis of sciatic nerve, lumbosacral spondylosis, and thoracic/lumbosacral neuritis/radiculitis. In addition, there is documentation of ongoing treatment with Norco. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco helps patient to function, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for 240 Tablets of Norco 10/325mg is medically necessary.