

Case Number:	CM14-0086921		
Date Assigned:	07/23/2014	Date of Injury:	12/28/2007
Decision Date:	09/26/2014	UR Denial Date:	05/21/2014
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 records presented for review indicate that this 45 year-old male was reportedly injured on 12/28/2007. The mechanism of injury is noted as a low back injury while lifting. The claimant underwent microdiscectomy at L4/5 on 5/14/2009, followed by laminectomy at L4/5 on 11/26/2012. The most recent progress note dated 5/5/2014, indicates that there are ongoing complaints of low back pain that radiates to the left leg. Physical examination demonstrated tenderness over the lumbar paraspinal muscles; positive left straight leg raise; limited active range of motion of lumbar spine: 20 degrees flexion, 15 degrees of extension and 10 degrees of lateral flexion; 5/5 lower extremity strength with the exception of the left gastrocnemius graded 4/5; decreased light touch over right L5 dermatome; and an antalgic gait without an assistive device. No recent diagnostic imaging studies available for review. Previous treatment includes Naproxen and Norco. A request had been made for Norco 10/325 mg #60 (DOS: 5/5/2014), which was not certified in the utilization review on 5/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 DOS: 05/05/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. MTUS guidelines support short-acting opiates at 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 claimant has had chronic low back pain after a work related injury in 2007; however, there is no documentation of urine drug screen, signed opioid pain contract or failure of conservative treatment and/or anti-inflammatories. As such, this request is not medically necessary.