

Case Number:	CM14-0092439		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2000
Decision Date:	09/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine 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:

Progress note 06/04/2014 documented the patient with chronic low back pain. She has more pain with lifting and bending. She reports 2-3 flares since last visit. She reports her pain at a 5/10 at its best and 10/10 at its worst. Today the pain was 8/10. Objective findings reveal range of motion of the lumbar spine is restricted with flexion to 50 degrees, extension limited due to pain, right lateral bending limited to 40 degrees, left lateral bending limited to 30 degrees, lateral rotation to the left limited to 40 degrees, lateral rotation to the right is 35 degrees and guarded ROM. Faber test is positive. Diagnoses: Lumbar disc displacement without myelopathy, myalgia and myositis, and sacroiliac sprain/strain. Utilization report dated 06/13/2014 modified the request for Norco 5/325 #60 with 2 refills to Norco 5.325 #45 between 06/04/2014 and 09/09/2014. They stated documentation reveals that Norco is only medically appropriate for the patient for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Norco.

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. The Long-term use, for which efficacy is not clearly established for chronic low back pain, may be indicated if clinically significant functional improvement is demonstrated. In this case a request is made for Norco for a 59 year old female injured on 12/26/00 with chronic low back pain and long-term opioid use. Pain flare-ups along with subjective improvement from medications are reported at most clinic visits. However, history and examination findings do not demonstrate objective clinically significant functional improvement, pain reduction or reduction in dependency on medical care from use of Norco. With the information provided the Medical necessity is not established.