

Case Number:	CM14-0157651		
Date Assigned:	09/30/2014	Date of Injury:	05/09/2013
Decision Date:	01/06/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old man who sustained a work-related injury on June 18, 2013. Subsequently, he developed chronic low back pain. Prior treatments included: physical therapy, acupuncture, home TENS, trigger point injections, surgery, chiropractic, and medications. According to the progress report dated July 14, 2014, the patient complained of low back pain, rated 7-8/10. On physical examination, the range of motion of the lumbar spine was as follows: flexion 45 degrees, extension 30 degrees, right lateral flexion 20 degrees, and left lateral flexion 25 degrees. The patient was diagnosed with herniated disc, low back syndrome, sciatica, lumbar spine sprain/strain, thoracic spine sprain/strain, and headaches. The provider request authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #120 is not medically necessary.