

Case Number:	CM14-0185843		
Date Assigned:	11/13/2014	Date of Injury:	04/21/2011
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 Emergency 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:

This is a 53 year old male sustained an industrial injury on April 21, 2011. Most current diagnoses include history of lumbar surgery, intractable lumbar pain, lumbar radiculopathy and internal knee derangement with history of surgery on the left. On progress noted dated October 20, 2014, his low back pain continued. It was noted to increase with standing, walking, bending and twisting and was associated with numbness and weakness. Physical examination revealed tenderness and spasm with a decrease in range of motion. He was continuing his Norco medication at that time. He reported that the Norco medication has been "beneficial" lasting him several hours. Notes stated he also benefited from Neurontin. In report dated May 5, 2014, physical therapy was listed as a treatment modality but it was noted as not being beneficial. A course of therapy or cortisone injection was recommended possibly for the future. A request was made for Norco 10 mg #60. On October 28, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document appropriate assessment of objective improvement in pain and activity of daily living as required by MTUS guidelines. Medication is "beneficial" is not appropriate nor objective. Norco is not medically necessary.