

Case Number:	CM14-0201689		
Date Assigned:	12/12/2014	Date of Injury:	12/13/2005
Decision Date:	01/29/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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:

The injured worker is a 57 year-old female, who was injured on December 13, 2005, while performing regular work duties. The mechanism of injury is from a trip and fall, resulting in injury of the neck, low back and left hip. The claimant sent over 3400 pages of records, the vast majority are duplicates or not relevant to independently medical review. The records indicate the injured worker has been using Norco since at least May 3, 2007. An evaluation on August 26, 2010, indicates physical findings of neck tenderness with restricted range of motion, tenderness of the thoracic spine muscles, and tenderness on the right sciatic notch. The Utilization Review indicates previous recommendation on October 7, 2014, for weaning the injured worker off of Norco. An evaluation on December 8, 2014, indicates the injured worker reports symptoms as "stable, sharp intense pain in low back is radiating down right leg to heel and toes, sharp pain in the back of the neck radiating into left scapular shoulder and up into the head". Diagnostic studies are noted to be a magnetic resonance imaging of the lumbar spine on March 18, 2014, which revealed spondylolisthesis, and arthropathy. Upon physical examination on December 8, 2014, the injured worker is found to have tender neck muscles with restricted range of motion; and sub-occipital/occipital tenderness; normal thoracic spine; SLR is positive on the right for lower back pain and radicular pain. The records do not support functional improvement, ability to return to work, or work with fewer restrictions, with the use of the prescribed opiates. The request for authorization is for Norco 10/325 mg, quantity #90. The primary diagnosis is lumbar disc displacement. On November 21, 2014, Utilization Review non-certified the request for Norco 10/325 mg, quantity #90, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325MG #90: Upheld

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

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 a single required component as per MTUS guidelines. Patient has been on opioids chronically with no objective documented improvement in pain or function with current medication regiment. Norco prescription is not medically necessary.