

Case Number:	CM14-0118592		
Date Assigned:	08/06/2014	Date of Injury:	10/26/2010
Decision Date:	10/07/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 48-year-old female was reportedly injured on October 26, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of low back pain radiating to the right leg as well as symptoms of depression. Current medications are stated to decrease pain from 8/10 to 4/10. The physical examination demonstrated tenderness of the lumbar spine paraspinal region and decreased range of motion with pain. There was decreased sensation at the right-sided L5 and S1 dermatomes. Diagnostic nerve conduction studies revealed a left-sided L5 radiculopathy. Previous treatment includes a lumbar spine transforaminal epidural steroid injection at L5 - S1. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on July 18, 2014.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 12.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California 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 injured employee has chronic pain; and there is an objective decrease in their pain with usage of Norco, however there is no documentation regarding the increased ability to function, perform activities of daily living, or return to work. As such, this request for Norco 10/325 is not medically necessary.