

Case Number:	CM14-0123506		
Date Assigned:	08/08/2014	Date of Injury:	03/01/1994
Decision Date:	10/08/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 68-year-old was reportedly injured on March 1, 1994. The most recent progress note, dated July 9, 2014, indicated that there were ongoing complaints of severe low back pain, radiation into the right lower extremity, and notes the requirement of a walker to get around. The physical examination demonstrated a 5'6", 170 pound individual who was normotensive, surgical incisions were well healed, and the neurovascular status was reported to be intact. Diagnostic imaging studies reportedly noted considerable instability in L4 to L5 as well as spinal stenosis. Previous treatment included operative fusion of the sacroiliac joint, the wheeled walker, multiple medications, cervical fusion surgery, multiple medications and other pain management interventions. A request was made for Norco and was not certified in the preauthorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Therapeutic Trail of Opiods.

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

Decision rationale: This is a short acting medication indicated for the management of moderate to severe pain. However, the guidelines note that the lowest possible dose to improve the pain complaints and increase functionality should be employed. There is no documentation of any increased functionality. Additionally, when considering the date of injury, the analgesia, activities of daily living, adverse side effects, and aberrant drugtaking "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtakingshould be addressed and this is not noted either). Therefore, based on the limited clinical information presented for review and noting the criterion outlined in the Medical Treatment Utilization Schedule (MTUS), there is insufficient data presented to support the medical necessity of this preparation. Therefore, the request for Norco 10/325 mg, sixty count, is not medically necessary or appropriate.