

Case Number:	CM14-0144305		
Date Assigned:	09/12/2014	Date of Injury:	09/08/2012
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family 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 52 year old patient had a date of injury on 9/8/2012. The mechanism of injury was not noted. In a progress noted dated 6/16/2014, subjective findings included discomfort in leg and is not hampered by activities. He is taking Motrin 800mg and Norco. On a physical exam dated 6/16/2014, objective findings included mild positive straight leg raise beyond 60 degrees. His toe walking, tandem walking and typical gait are totally normal, and he has good range of motion. The diagnostic impression shows displacement of lumbar intervertebral disc without myelopathy. Treatment to date: medication therapy, behavioral modification, status post L4-L5 discectomy on 11/13/2013. A UR decision dated 8/22/2014 denied the request for Norco 10/325 bid #120(DOS 8/4/2014), stating that that the records failed to document compliance with guidelines such as prescription written by single physician and filled by single pharmacy, and observation of the behaviors and periodic urine testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO NORCO 10/325MG BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 6/16/2014, there were no objective measures of functional improvements documented with the opioid regimen. Furthermore, there was no evidence of urine drug screens provided for review. Therefore, the request for Norco 10/325 BID#120 is not medically necessary.