

Case Number:	CM14-0146247		
Date Assigned:	09/12/2014	Date of Injury:	10/05/2009
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 10/5/09 date of injury, and lumbar laminectomy without fusion in 2012. At the time (8/21/14) of request for authorization for Norco 10/325mg #40, there is documentation of subjective (low back pain radiating to left hamstring associated with tingling and numbness in knee and foot) and objective (decreased lumbar spine range of motion, tenderness over the lumbar paraspinal muscles, decreased sensation in left lower extremity, and weakness and muscle atrophy in left lower extremity) findings, current diagnoses (lumbar spine sprain/strain, sacroiliac ligament sprain/strain, and myofascial pain), and treatment to date (medications (including ongoing treatment with Hydrocodone/APAP since at least 1/16/14) and treatment with TENS). Medical report identifies that medications help in controlling pain and increase function. In addition, medical report identifies that there is a signed controlled substance contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain, sacroiliac ligament sprain/strain, and myofascial pain. In addition there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given documentation that there is a signed controlled substance contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Norco helps in controlling pain and increases function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #40 is medically necessary.