

Case Number:	CM14-0166234		
Date Assigned:	10/13/2014	Date of Injury:	11/26/2001
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 55-year-old female with an 11/26/01 date of injury. At the time (9/20/14) of request for authorization for Norco 10/325mg #60 with 1 refill, there is documentation of subjective (low back pain) and objective (loss of normal lordosis and straightening of the lumbar spine, decreased range of motion of the lumbar spine with muscle spasm, and tenderness to palpitation over the sacroiliac spine) findings. The current diagnoses include lumbar radiculopathy, lumbar spine degenerative disc disease, and low back pain. The treatment to date includes aquatic therapy and medications (including ongoing treatment with Norco since at least 5/7/14). Medical reports identify a CURES that is appropriate, a decrease in pain level, the ability to complete daily household chores of cooking and cleaning, and walking 2 blocks as a result of medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Overturned

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): 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: The 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. The 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 radiculopathy, lumbar spine degenerative disc disease, and low back pain. In addition, given documentation of a CURES that is appropriate, 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. Furthermore, given documentation of ongoing treatment with Norco and a decrease in pain level, the ability to complete daily household chores of cooking and cleaning, and walking 2 blocks as a result of medication use, there is documentation of functional benefit and 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 #60 with 1 refill is medically necessary.