

Case Number:	CM14-0088854		
Date Assigned:	08/08/2014	Date of Injury:	07/11/1998
Decision Date:	10/07/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 6/18/14 note indicates low back pain that persists with radicular symptoms in both legs. There is reported effect on function. The insured requires assistance for ADLs (activities of daily living). The insured is on medication of oxycodone 30 mg QID prn, Norco 10/325 QID, Fexmid, Paxil, Valium 10 mg TID, Prilosec, Trazodone. The insured is reported to be monitored for effective use and opioid risk mitigation. The insured is reported to benefit for pain control from the medications. Exam reports local tenderness, muscle spasm, with bilateral straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. Four (4) times a day QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/cervicalandthoracicspine>; Table 2, Summary of Recommendations, Cervical and Thoracic spine disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) opioids, low back

Decision rationale: The medical records indicate two short acting opioids - Oxycodone 30 mg QID prn and Norco 10/325 - being used for opioid pain management. The combination of two

short acting opioids is not supported for the noted medical condition based on the medical records provided for review. The lowest possible dose should be prescribed to improve the pain condition per ODG. As such, Norco is not medically necessary.