

Case Number:	CM14-0212531		
Date Assigned:	01/02/2015	Date of Injury:	09/11/2013
Decision Date:	02/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28-year-old male with a 9/1/13 date of injury. At the time (11/24/14) of request for authorization for Norco 10/325 mg 1 PO Every 6 hours #120, no refills, there is documentation of subjective (low back pain radiating to both legs) and objective (decreased lumbar range of motion with spasm) findings, current diagnoses (chronic lumbar back pain with L3-4 disc herniation and bilateral leg radicular symptoms), and treatment to date (medications (including ongoing treatment with Norco and physical therapy). Medical report identifies that Norco provides pain relief and improved functioning; and that there is a signed pain management agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 PO every 6 hours #120, no refills: Overturned

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

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: 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. 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 chronic lumbar back pain with L3-4 disc herniation and bilateral leg radicular symptoms. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that there is a signed pain management agreement, 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 provides pain relief and improved functioning, 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 10/325 mg 1 PO every 6 hours #120, no refills is medically necessary.