

Case Number:	CM14-0140434		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2012
Decision Date:	10/21/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 47 year old male was reportedly injured on 4/23/2012. The mechanism of injury was noted as a work related injury from pulling heavy trees. The most recent progress note, dated 7/15/2014, revealed complaints of chronic low back pain. The physical examination demonstrated lumbar spine had a normal gait, walked on heels with difficulty due to pain, paralumbar spasm was 2+ with tenderness to palpation bilaterally, positive quadriceps atrophy, straight leg raise ias positive at 40 degrees bilaterally, range of motion the spine was limited secondary to pain, lower extremity reflexes were absent at the knees, decreased sensation to light touch bilaterally in the lateral thigh. No recent diagnostic studies are available for review. Previous treatment included medication, physical therapy, an injection, and work restrictions. A request was made for Norco 10/325 milligrams quantity120 and was not certified in the preauthorization process on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain after a work related injury. Review of the available medical records fails to document any objective or clinical improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.