

Case Number:	CM13-0027250		
Date Assigned:	01/03/2014	Date of Injury:	12/15/2002
Decision Date:	10/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Medicine and is licensed to practice in California and 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 injured worker is a 43 year old female who sustained work-related injuries on 12/15/02. The mechanism of injury is not documented. The record indicates that the injured worker underwent a L4-5 fusion on 6/05/03. Postoperatively, she was identified as having a failed back surgery syndrome with chronic low back pain with radiation into the lower extremities. She ultimately underwent a trial of as spinal cord stimulator that resulted in permanent implantation on 03/03/09. The most recent clinical note indicates that the injured worker has low back pain radiating down the right lower extremity. Her current medications are reported to include Flexeril 10mg, Motrin 800mg, Norco 10/325mg, Duragesic 25mcg, and Sudafed 30mg. On physical examination, she is noted to be calm and in mild pain. She is noted to have an antalgic and stooped gait. She does not use any assistive devices. Lumbar range of motion is restricted. On palpation of the paravertebral muscles there is spasm and tight muscle band noted bilaterally. Lumbar facet loading is positive on the right. Straight leg raise is negative. Ankle jerk is 0/4 on the right and 2/4 on the left. Patellar reflexes are 2/4 bilaterally. Motor strength is intact. The record includes a urine drug screen drawn on 07/19/13 which was inconsistent and negative for Norco. This urine drug screen is discussed and the injured worker's was counselled that if future urine drug screens are negative for Norco, the medication would be reduced. The record contains a utilization review determination dated 09/04/13 in which a request for Norco 10/325mg up to 6 per day as needed to allow a one month supply for weaning purposes at the treating physician discretion. It was recommended adding adjuvant and weaning of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG tab up to 6 a day as needed to allow 1 moth supply for weaning purposes at the treating physician's discretion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 80-84.

Decision rationale: The request for Norco 10/325mg up to 6 a day as needed to allow for one month's supply for weaning purposes at the treating physician's discretion is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome with an implanted spinal cord stimulator. The intent of the dorsal column stimulator is to reduce the injured worker's need for oral medications. The records do not reflect this. It would further be noted that on 07/19/13 the injured worker had an inconsistent urine drug screen which was negative for Norco. Given this information, there would be no clinical indication to restart the injured worker on this medication and medical necessity is not established.